

Long Term Care Regulatory (LTCR) Licensing and Credentialing Systems

Training Guide for NFA Licensing
Applicants

**Texas Health and Human
Services (HHS)**

[February 15, 2022]



TEXAS
Health and Human
Services

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Overview

Texas Health and Human Services Commission (HHSC) has developed the Texas Unified Licensure Information Portal (TULIP) Nursing Facility Administrator (NFA) applications, an online system for LTCR licensing and credentialing applicants.

The portal will allow users to:

- Create and submit licensing and credentialing applications online.
- Address application deficiencies in the portal in a timely manner.
- Attach or upload documents related to applications.
- Make application payments online (if applicable).
- Public search – which allows you to search for NFA license status.

This training guide is organized into the following major categories:

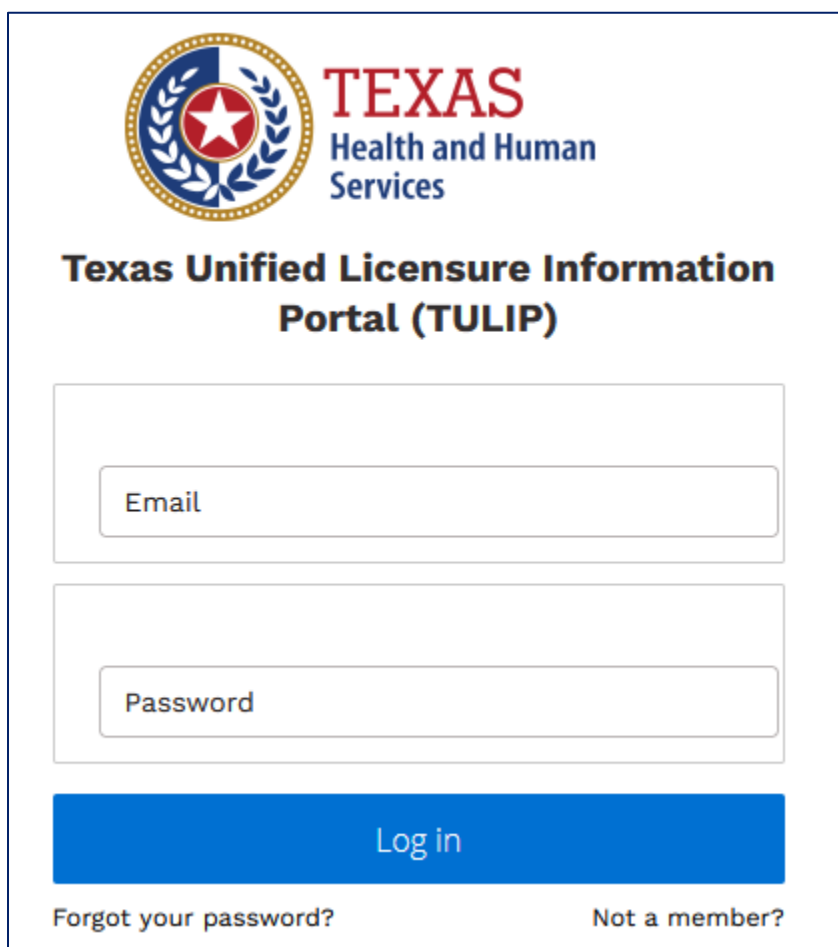
- **Portal Login: Applicant registration, login and password reset.**
- **Public Search** - Public search to allow search for NFA license status.
- **Applicant Actions** - Create/edit and submit NFA applications

Please note that the portal is optimized for Google Chrome and should be used in this browser whenever possible.

1. Logging into the TULIP Portal

1.1. Log into TULIP account

It is highly recommended that you bookmark the login screen (<https://txhhs.force.com/TULIP/s/login/>) for easy access to the TULIP account portal. To log in, enter your username and password



The screenshot shows the login page for the Texas Unified Licensure Information Portal (TULIP). At the top left is the Texas Health and Human Services logo, which features a circular emblem with a star and the text "TEXAS Health and Human Services". Below the logo, the text "Texas Unified Licensure Information Portal (TULIP)" is displayed. The login form consists of two input fields: "Email" and "Password". Below these fields is a blue "Log in" button. At the bottom of the form, there are two links: "Forgot your password?" and "Not a member?".

Figure - TULIP login page

1.1.1. TULIP Homepage

The image below is an example of TULIP homepage, the screen you will see when you first log into the TULIP portal. This screen is used by Long Term Care (LTC) providers to submit or view licensing applications. To return to this page from anywhere in the portal, simply select the Home icon on the left most side of the page banner.

Texas Unified Licensure Information Portal (TULIP) Licensing Applicant

NA/MA/NFA

Parent Facility/Agency Applications

Name	Type					
> Licensing Applicant	Licensing Applicant	2023-09-22	2023-05-25	2023-08-08		

Facility/Agency Details

☐ Include ALL Facilities/Agencies
 Note: If you do not see your Renewal contact TULIP Support at TULIP_Support@hhsc.state.tx.us

Action Requ...	Name	Type	License Num...	License Expl...	Facility Id	Renewal Ava...	To Avoid Lat...	Reviewer E...

Figure - TULIP Homepage

Click on the tab 'NA/MA/NFA' to access NA/MA/NFA applications.

Texas Unified Licensure Information Portal (TULIP) Licensing Applicant

NA/MA/NFA

Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details

* Please select your role

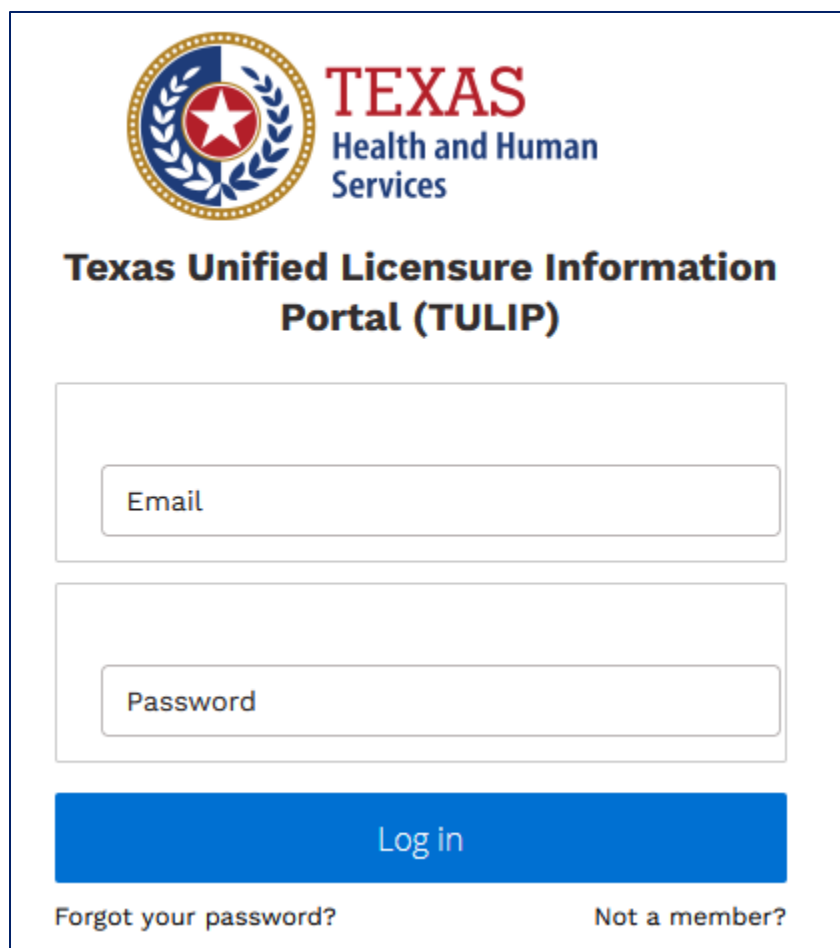
--None--

Submit **Request additional access**

Figure - NA/MA/NFA tab

1.2. Resetting your password

If you have forgotten your password, select the “Forgot your password?” link from the screen below, just under the login fields and system will take you to next screen.



The image shows the login page for the Texas Unified Licensure Information Portal (TULIP). At the top left is the Texas Health and Human Services logo, which features a circular emblem with a star and the text "TEXAS Health and Human Services". Below the logo, the text "Texas Unified Licensure Information Portal (TULIP)" is displayed. The login section contains two input fields: "Email" and "Password". Below these fields is a blue "Log in" button. At the bottom of the login section, there are two links: "Forgot your password?" and "Not a member?".

Figure - TULIP login page

You will be prompted to enter your username (the email address used to register). The following screen will be displayed, allowing you to return to the login screen or resend the password reset email.

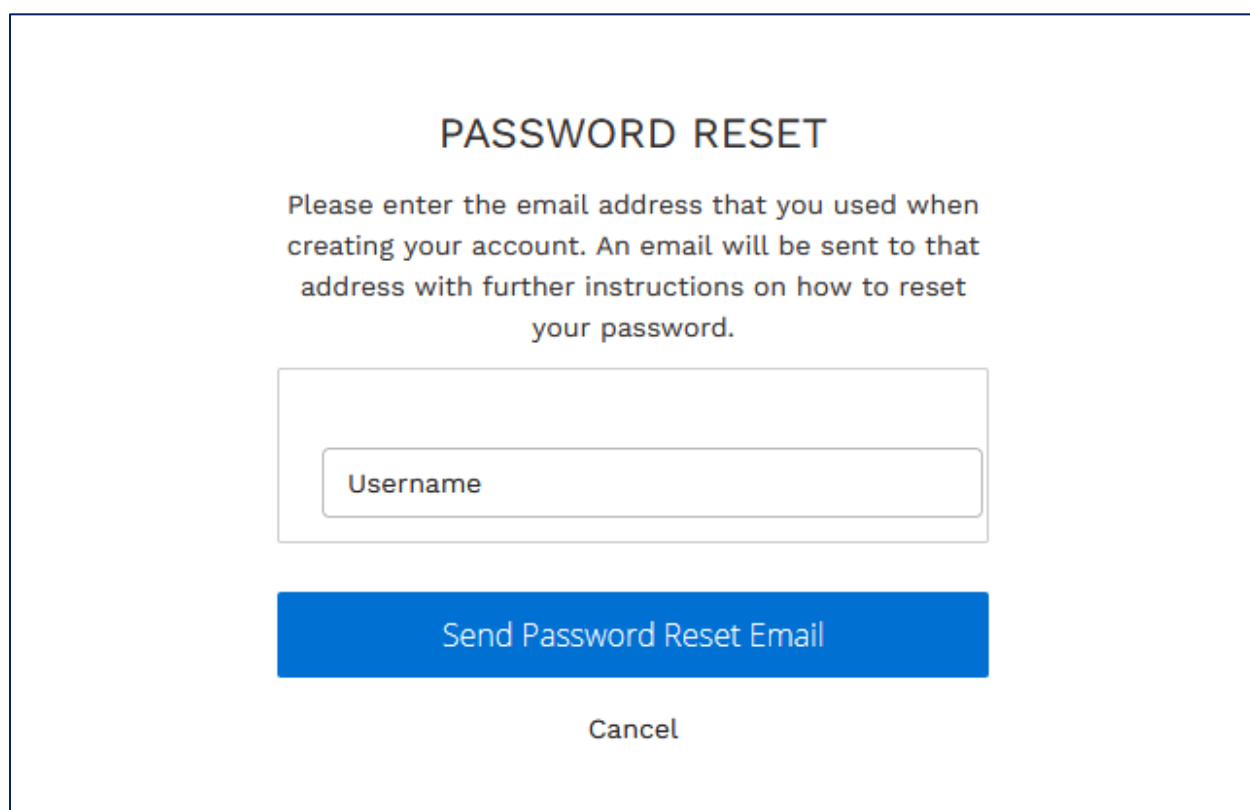
The screenshot shows a web interface for a password reset. At the top, the title "PASSWORD RESET" is centered in a bold, dark blue font. Below the title, a paragraph of text in a smaller, dark blue font reads: "Please enter the email address that you used when creating your account. An email will be sent to that address with further instructions on how to reset your password." Below this text is a light gray rectangular box containing a single text input field. The input field has a light gray border and the placeholder text "Username" in a dark gray font. Below the input field is a solid blue rectangular button with the text "Send Password Reset Email" in white. At the bottom center of the form area is a link labeled "Cancel" in a dark gray font.

Figure - TULIP password reset page

Enter your username (the email address used to register) and click on the button 'Send Password Reset Email' to receive instructions to your email to reset your password.

1.3. New Registration

If you are new to TULIP or did not complete the registration before to submit Long Term Care (LTC) facilities/agencies licensing applications or did not complete the registration to submit occupational licensure applications

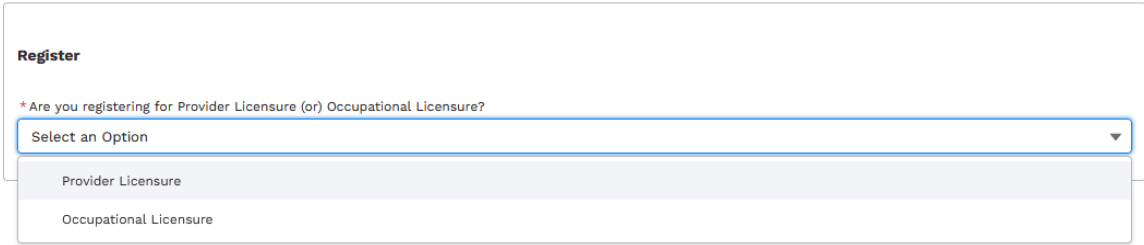
Select link '**Not a member?**' to register for a TULIP account.

Please see section [1.1.](#) Log into TULIP account if you need help with logging into your account.

Please see section [1.2. Resetting your password](#) if you already completed the registration but forgot your password.

After you click on link 'Not a member' you will be provided with two options as shown in below screen

- **Provider Licensure** – This is for LTC providers who want to submit applications for facility/agency license.
- **Occupational Licensure** – This is for NFA applicants.



The screenshot shows a registration form titled 'Register'. Below the title is a required question: '* Are you registering for Provider Licensure (or) Occupational Licensure?'. Underneath this question is a dropdown menu with the text 'Select an Option'. The dropdown menu is open, showing two options: 'Provider Licensure' and 'Occupational Licensure'.

Figure - TULIP registration initial page

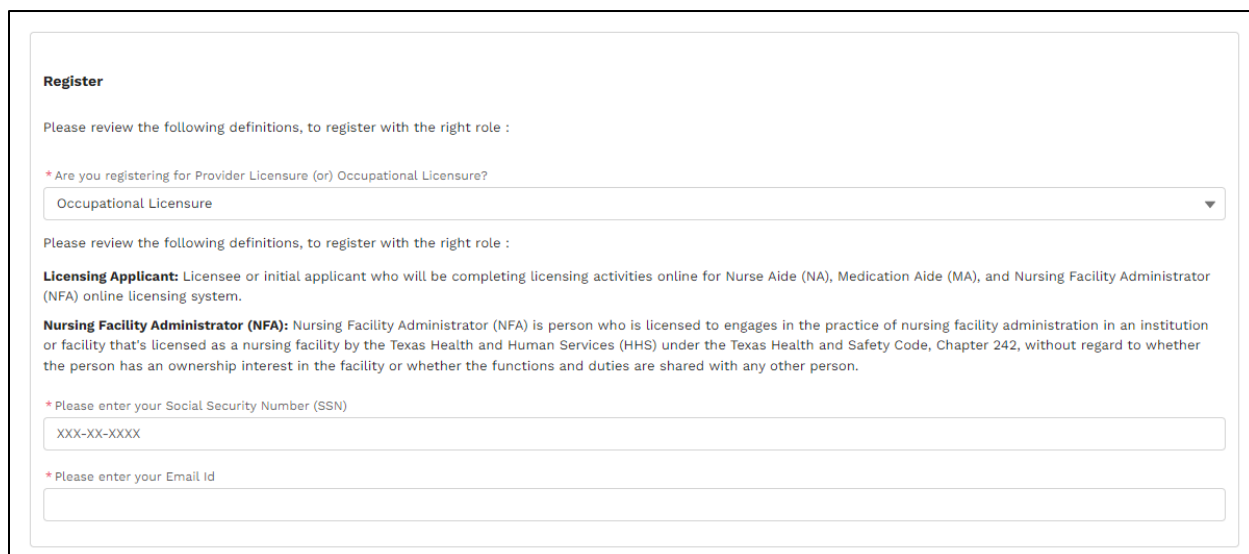
Note: Fields marked with * are required.

Select 'occupational licensure' to register for below role

- **Licensing Applicant:** Licensee or initial applicant who will be completing licensing activities online for Nurse Aide (NA), Medication Aide (MA), and Nursing Facility Administrator (NFA) online licensing system.

- **Nursing Facility Administrator (NFA):** Nursing Facility Administrator (NFA) is person who is licensed to engages in the practice of nursing facility administration in an institution or facility that's licensed as a nursing facility by the Texas Health and Human Services (HHS) under the Texas Health and Safety Code, Chapter 242, without regard to whether the person has an ownership interest in the facility or whether the functions and duties are shared with any other person.

Please enter you Social Security Number (SSN) and Email ID to continue to next step



Register

Please review the following definitions, to register with the right role :

* Are you registering for Provider Licensure (or) Occupational Licensure?

Occupational Licensure

Please review the following definitions, to register with the right role :

Licensing Applicant: Licensee or initial applicant who will be completing licensing activities online for Nurse Aide (NA), Medication Aide (MA), and Nursing Facility Administrator (NFA) online licensing system.

Nursing Facility Administrator (NFA): Nursing Facility Administrator (NFA) is person who is licensed to engages in the practice of nursing facility administration in an institution or facility that's licensed as a nursing facility by the Texas Health and Human Services (HHS) under the Texas Health and Safety Code, Chapter 242, without regard to whether the person has an ownership interest in the facility or whether the functions and duties are shared with any other person.

* Please enter your Social Security Number (SSN)

XXX-XX-XXXX

* Please enter your Email Id

Figure - Occupational licensure registration initial page

Note: Email and SSN fields are required fields and system will not allow you to continue to next step without entering these. Please enter your valid SSN to avoid any delays in the registration process and for accurate match of your profile information.

After you enter SSN and email, system will display field 'Who will you be registering as?' to select the role you want to register as with below options.

- Licensing Applicant – See section [1.3.1. Licensing Applicant](#) to continue registering as NA, MA or NFA licensing applicant.

1.3.1. Licensing Applicant

Please see steps in section [1.3. New Registration](#) before continuing with this section.

This section is for applicants who want to register as new NFA to submit initial applications or existing NFA's who are licensed with state of Texas to create/edit or submit applications related to professional licensing.

New Licensing Applicant

Applicants who do not hold a license with state of Texas must enter below information and submit the form to complete registration.

The form is titled '* Who will you be registering as?' and has a dropdown menu with 'Licensing Applicant' selected. Below this, the form is organized into several sections. The first section contains 'Title', '* Primary Phone', and 'Primary Phone Extension'. The second section contains '* First Name', 'Secondary Phone', and 'Secondary Phone Extension'. The third section contains 'Middle Name' and '* Do you have a Texas NA / MA / NFA license?' with a dropdown menu showing 'No'. The fourth section contains '* Last Name'. The fifth section contains 'Maiden Name'. The sixth section contains '* Gender' with a dropdown menu showing 'Please select an option'. The seventh section contains '* Date Of Birth' with a date picker icon. At the bottom, there is a large gray 'Submit' button.

Figure - New licensing applicant screen

Licensing Applicant with Texas License

Applicants who hold a license with state of Texas must enter below information and answer 'Yes' to question 'Do you have a Texas NA/MA/NFA license?' and enter their NA certificate number or MA permit number or NFA license number.

* Who will you be registering as?
Licensing Applicant

Title
Primary Phone
Primary Phone Extension

* First Name
Secondary Phone
Secondary Phone Extension

Middle Name
* Do you have a Texas NA / MA / NFA license?
Yes

* Last Name
Nurse Aide(NA) Certification Number

Maiden Name
Medication Aide(MA) Permit Number

* Gender
Please select an option

* Date Of Birth
Nursing Facility Administrator(NFA) License Number

Submit

Figure - Licensing applicant licensed with state of Texas screen

Note: Submit button will be enabled when all required fields are entered.

Enter all the required information and click on 'Submit' button. Below screen will pop up to confirm submission.

Submit Application

Are you sure, you want to Submit?

Cancel Ok

Figure - Confirmation screen to submit registration application

Click on 'ok' button to submit registration form.

System will display below confirmation message after registration application has been submitted.

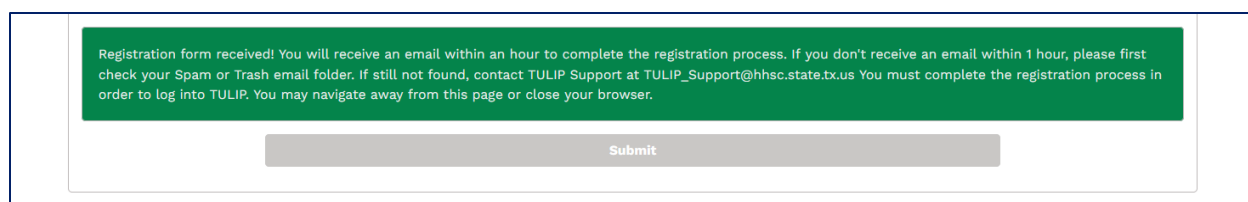


Figure - Confirmation message screen

Complete Registration

Check your email inbox/spam folder for email from TULIP to complete registration

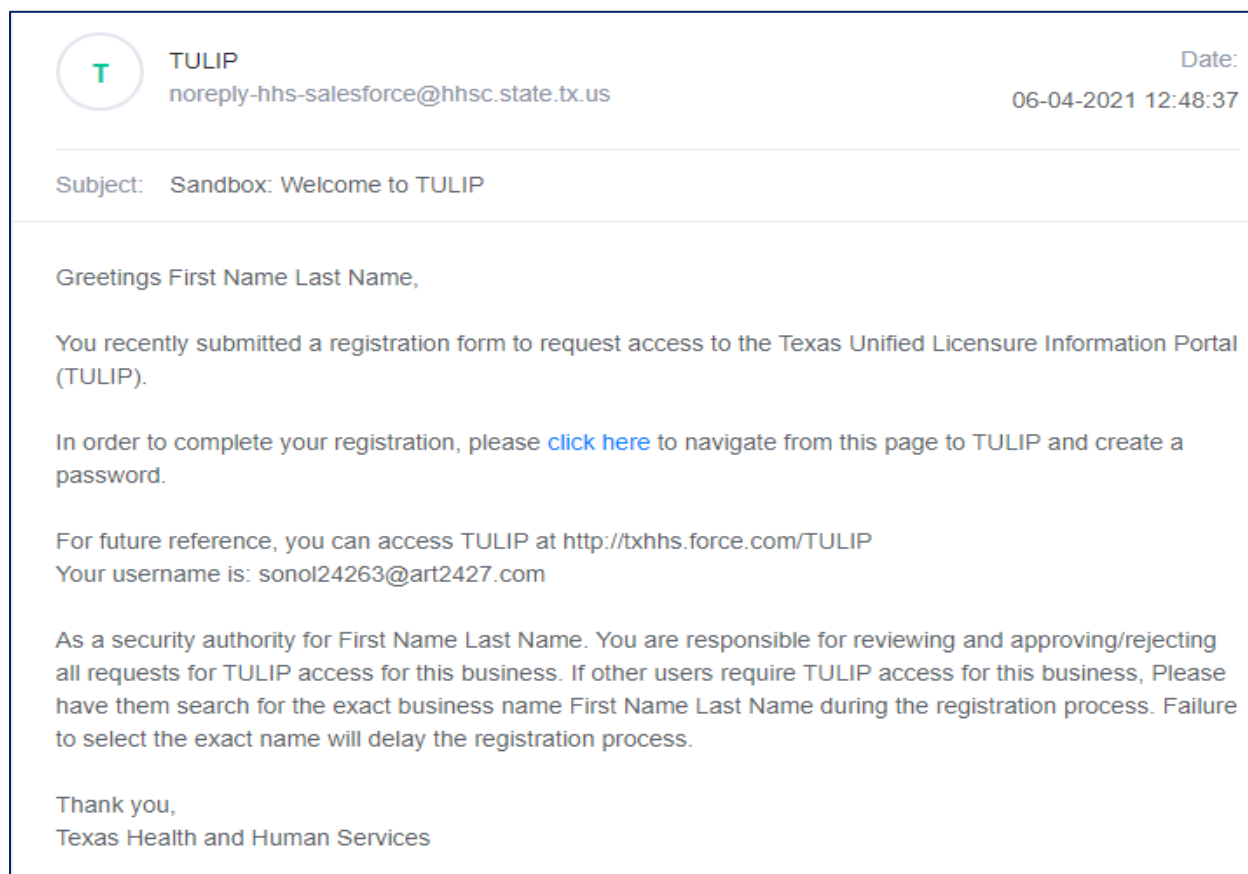


Figure - Email from TULIP to complete registration.

In email, click on the link 'click here'. This link will open below screen where you will have to enter a new password and complete registration.

Change Your Password

Enter a new password for
sonol24263@art2427.com.tulip. Make sure to include
at least:

- ☐ 8 characters
- ☐ 1 letter
- ☐ 1 number
- ☐ 1 special character ⓘ

* New Password

* Confirm New Password

Change Password

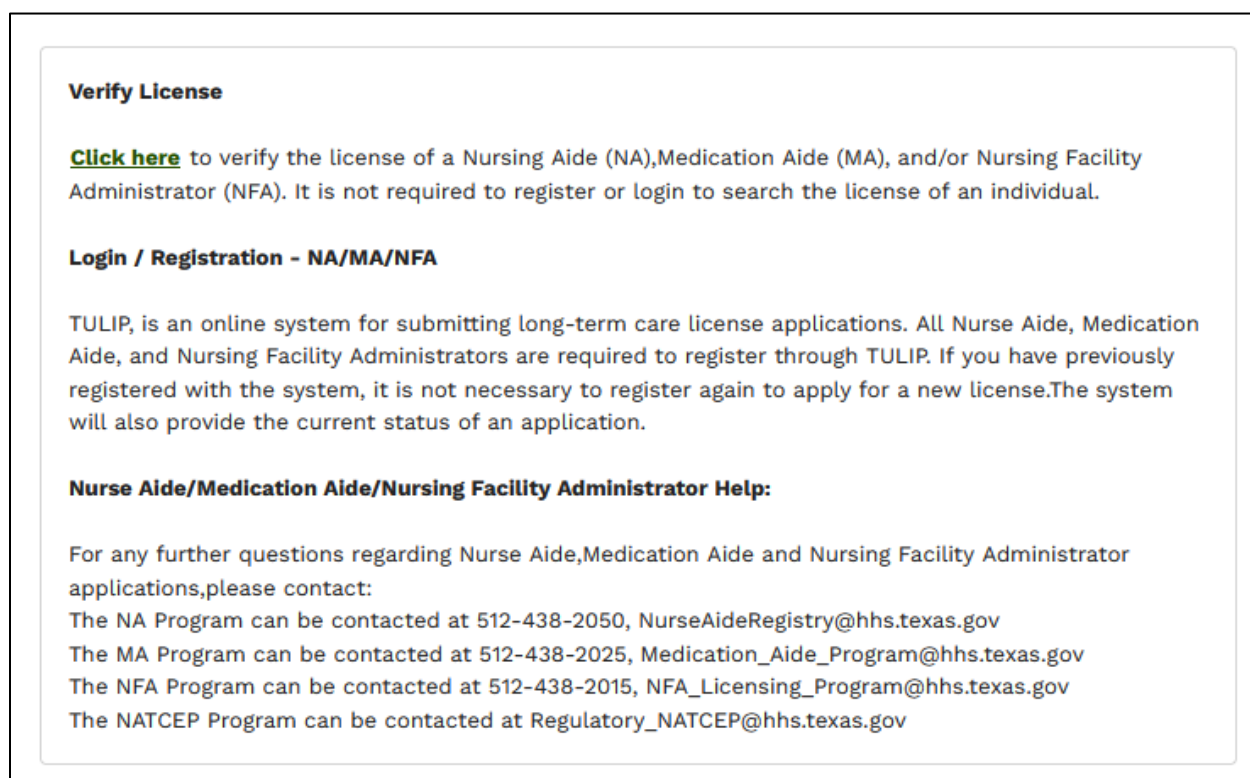
Password was last changed on 4/6/2021 12:48 PM.

Figure - Screen to enter new password and complete registration.

2. Public Search

This section is for users who want to verify the license of a Nursing Facility Administrator (NFA). It is not required to register or login to search the license of an individual.

Go to link <https://txhhs.force.com/TULIP/s/login/> and you will be presented with below screen.



The screenshot shows a web page titled "Verify License" with a link to verify licenses for Nursing Aide (NA), Medication Aide (MA), and Nursing Facility Administrator (NFA). Below this is a "Login / Registration - NA/MA/NFA" section explaining the TULIP system and providing contact information for various programs.

Verify License

Click here to verify the license of a Nursing Aide (NA), Medication Aide (MA), and/or Nursing Facility Administrator (NFA). It is not required to register or login to search the license of an individual.

Login / Registration - NA/MA/NFA

TULIP, is an online system for submitting long-term care license applications. All Nurse Aide, Medication Aide, and Nursing Facility Administrators are required to register through TULIP. If you have previously registered with the system, it is not necessary to register again to apply for a new license. The system will also provide the current status of an application.

Nurse Aide/Medication Aide/Nursing Facility Administrator Help:

For any further questions regarding Nurse Aide, Medication Aide and Nursing Facility Administrator applications, please contact:

- The NA Program can be contacted at 512-438-2050, NurseAideRegistry@hhs.texas.gov
- The MA Program can be contacted at 512-438-2025, Medication_Aide_Program@hhs.texas.gov
- The NFA Program can be contacted at 512-438-2015, NFA_Licensing_Program@hhs.texas.gov
- The NATCEP Program can be contacted at Regulatory_NATCEP@hhs.texas.gov

Figure - TULIP login page with public search.

Click on the link called 'click here' which will open below page.

The screenshot shows a web form titled "Nurse Aide/Medication Aide/ Nursing Facility Administrator Public Registry". At the top, there is a dropdown menu labeled "Select one Program". Below this, the form is organized into several input fields: "First Name", "Last Name", "License Number/Certification Number/Permit", "SSN(Include dashes eg: 123-45-6789)", "State", "Postal Code", and "City". At the bottom of the form, there are four buttons: "Reset", "Search", "Subscribe", and "Unsubscribe". Below the buttons, there is a table with two columns: "Last Name" and "First Name". The table is currently empty, with a checkbox visible in the first row.

Figure - Public search screen.

2.1. Search for Nursing Facility Administrator in Registry

Enter information and select from one of the program types (Currently will work for Nursing Facility Administrator only) and click search to see results.

System will allow search with one field or a combination of below fields

- first name
- last name
- license number
- SSN
- City
- State
- Zip code

Nurse Aide/Medication Aide/ Nursing Facility Administrator Public Registry

Nursing Facility Administrator

First Name: Last Name: License Number/Certification Number/Permit:

SSN(include dashes eg: 123-45-6789): State: Postal Code:

City: ☐ Preceptor Employer:

[Reset](#) [Search](#) [Subscribe](#) [Unsubscribe](#)

Search Data... [Search](#) [Print](#)

<input type="checkbox"/>	Last Name	First Name	NFA License Status	License Number	License Issue Date	License Initial Date	License Expiration Date	City
<input type="checkbox"/>	App 6/27	Licensing	Prospective					
<input type="checkbox"/>	Applicant	Licensing	Prospective					
<input type="checkbox"/>	Applicant	Licensing	Prospective					
<input type="checkbox"/>	Applicant	Licensing	Active Military Spouse License	100021	5/25/2021	5/25/2021	5/19/2021	Austin
<input type="checkbox"/>	6/2	Licensing	Active					

Figure - Public search for Nursing Facility Administrator.

2.2. Subscribe and Unsubscribe

You can Subscribe and Unsubscribe to get licensure detail changes of Nursing Facility Administrator.

2.2.1. Subscribe

Search for the person you want to subscribe for and select that person from the list

Nurse Aide/Medication Aide/ Nursing Facility Administrator Public Registry

Nursing Facility Administrator

First Name: Last Name: License Number/Certification Number/Permit:

SSN(include dashes eg: 123-45-6789): State: Postal Code:

City: ☐ Preceptor Employer:

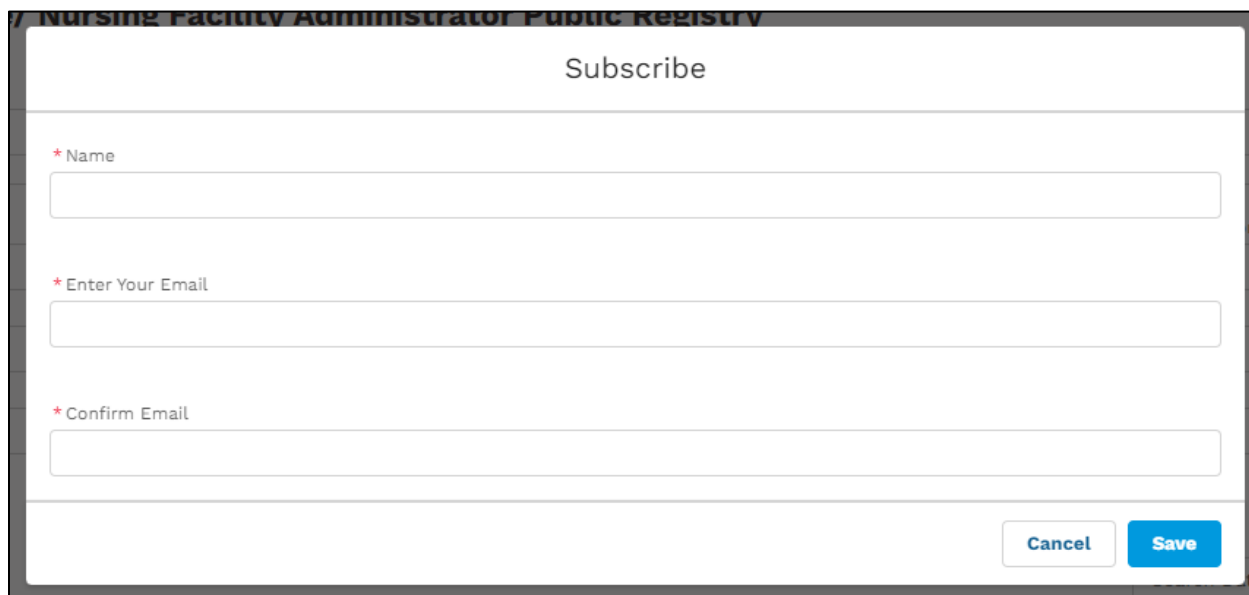
[Reset](#) [Search](#) [Subscribe](#) [Unsubscribe](#)

Search Data... [Search](#) [Print](#)

<input type="checkbox"/>	Last Name	First Name	NFA License Status	License Number	License Issue Date	License Initial Date	License Expiration Date	City
<input type="checkbox"/>	App 6/27	Licensing	Prospective					
<input type="checkbox"/>	Applicant	Licensing	Prospective					
<input type="checkbox"/>	Applicant	Licensing	Prospective					
<input type="checkbox"/>	Applicant	Licensing	Active Military Spouse License	100021	5/25/2021	5/25/2021	5/19/2021	Austin
<input type="checkbox"/>	6/2	Licensing	Active					

Figure - Public search page.

Click on the checkbox next to the person and click on 'Subscribe' to see below screen.



Nursing Facility Administrator Public Registry

Subscribe

* Name

* Enter Your Email

* Confirm Email

Cancel Save

Figure - Subscribe page.

Enter your name, email ID and click on 'Save'

You will get a confirmation message that your subscription was successful.

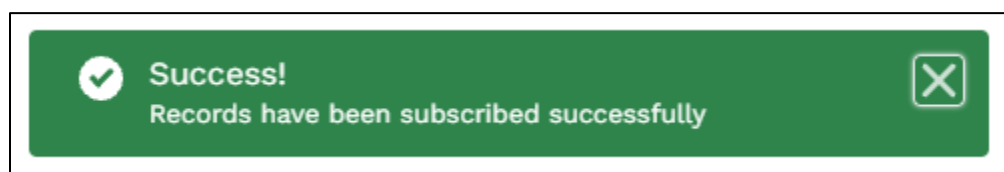


Figure - Confirmation message.

2.2.2. Unsubscribe

Search for the person you want to unsubscribe for and select that person from the list

Nurse Aide/Medication Aide/ Nursing Facility Administrator Public Registry

* Nursing Facility Administrator

First Name: Last Name: License Number/Certification Number/Permit:

SSN(include dashes eg: 123-45-6789): State: Postal Code:

City: ☐ Preceptor Employer:

Search Data...

<input type="checkbox"/>	Last Name	First Name	NFA License Status	License Number	License Issue Date	License Initial Date	License Expiration Date	City
<input type="checkbox"/>	App 6/27	Licensing	Prospective					
<input type="checkbox"/>	Applicant	Licensing	Prospective					
<input type="checkbox"/>	Applicant	Licensing	Prospective					
<input type="checkbox"/>	Applicant	Licensing	Active Military Spouse License	100021	5/25/2021	5/25/2021	5/19/2021	Austin
<input type="checkbox"/>	6/2	Licensing	Active					

Figure - Public search page.

Click on the checkbox next to the person and click on 'Unsubscribe' to see below screen.

UnSubscribe

* Enter Your Email

Figure - Unsubscribe page.

Enter your email ID and click on 'Save'

You will get a confirmation message that you have successful unsubscribed.

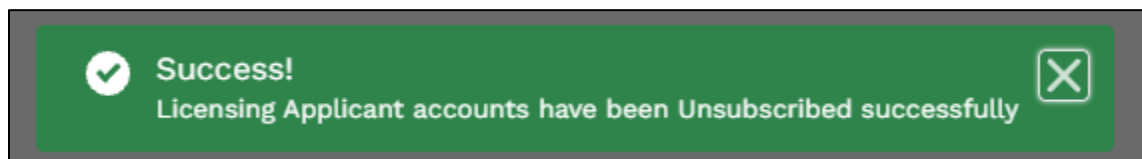
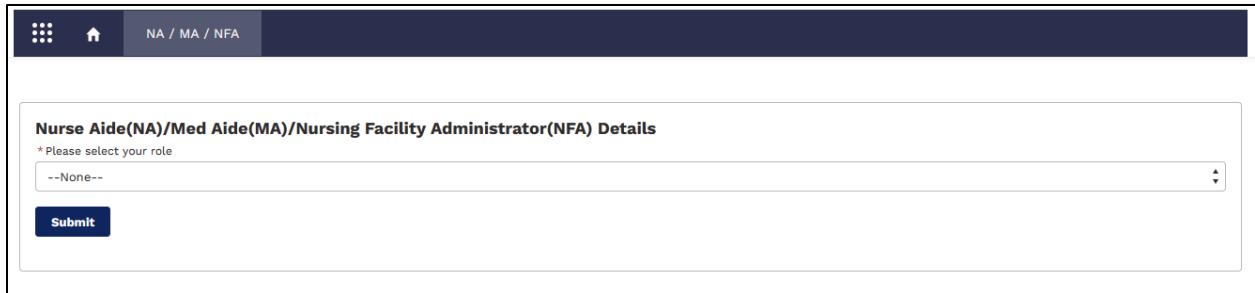


Figure - Confirmation message.

3.NA MA NFA Tab

On TULIP homepage ([1.1.1 TULIP Homepage](#)), click on the tab 'NA/ MA/ NFA' to view below screen



The screenshot shows a web interface for the TULIP system. At the top, there is a dark blue header bar with a home icon and the text 'NA / MA / NFA'. Below this, the main content area has a title 'Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details'. Under the title, there is a prompt '* Please select your role' followed by a dropdown menu showing '--None--'. A blue 'Submit' button is located below the dropdown.

Figure - NA MA NFA Tab page

System will display below option for field 'Please select your role'.

- Licensing Applicant

3.1. Licensing Applicant Page

Please select 'Applicant' for question 'Please select your role' to view below screen

Following tabs are available on applicant home page

- Home
- Dashboard
- Profile
- Applications
- Internship Requests
- License Printing
- Helpful Links

The screenshot shows the applicant home page. At the top is a dark blue header with a home icon and the text 'NA / MA / NFA'. Below the header is a white box titled 'Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details'. Inside this box, there are two dropdown menus: the first is labeled '* Please select your role' and has 'Applicant' selected; the second is labeled '* Please select one' and has 'First Name Middle Name Last Name 0708' selected. Below these are two buttons: 'Submit' and 'Request additional access'. Underneath the buttons is a horizontal navigation bar with links: 'Home' (underlined), 'Dashboard', 'Profile', 'Applications', 'License Printing', and 'Helpful Links'. Below the navigation bar is a welcome message: 'Welcome to the Nursing Facility Administrator (NFA), Nurse Aide (NA) and Medication Aide (MA) online licensing system.' At the bottom of the white box, there is contact information for the NFA, NA, MA, and NATCEP programs.

Figure - Applicant home page

Note: Each tab will be displayed in next sections.

3.1.1. Dashboard

Dashboard tab will display recent activity of applicant on occupational license applications and other notifications related to the applications

The screenshot displays the 'Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details' page. At the top, there is a navigation bar with a home icon and the text 'NA /MA / NFA'. Below this, a form section titled 'Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details' contains two dropdown menus: 'Applicant' (with a note '* Please select your role') and 'First Name Middle Name Last Name 0708' (with a note '* Please select one'). Below these are 'Submit' and 'Request additional access' buttons.

The main content area has a breadcrumb trail: Home > Dashboard > Profile > Applications > License Printing > Helpful Links. The 'Dashboard' tab is active. Below the breadcrumb, the 'Application Notifications' section is shown. It includes a 'Display Records Per Page:' dropdown set to '10'. A table lists notifications with columns: Notification Number, Notification, Message, Application, and Created Date. The table contains 8 rows of notifications, all related to application status changes for RSLAN-0002891. To the right of the table is a large text area labeled 'Applicant/Licensee Notes'.

Below the application notifications, there is an 'Email Notifications' section. It also has a 'Display Records Per Page:' dropdown set to '10'. A table lists email notifications with columns: Notification Number, Notification, Message, License Number, and Notification Sent Date. The table is currently empty. Navigation buttons 'Prev' and 'Next' are present at the bottom of both the application and email notification sections.

Notification Number	Notification	Message	Application	Created Date
007675	RSLAN-0002891 Status Has Been Changed from Submitted Payment Pending To Payment Pending License Fee		RSLAN-0002891	10/17/2021
007674	RSLAN-0002891 Status Has Been Changed	Application Status has been changed to Payment Pending License Fee	RSLAN-0002891	10/17/2021
007673	RSLAN-0002891 Initiate	Please proceed with making your initial license fee of \$250 to complete the license procedure.	RSLAN-0002891	10/17/2021
007672	RSLAN-0002891 Status Has Been Changed from Payment Pending To Submitted Payment Pending		RSLAN-0002891	10/17/2021
007671	RSLAN-0002891 Status Has Been Changed	Application Status has been changed to Submitted Payment Pending	RSLAN-0002891	10/17/2021
007670	RSLAN-0002891 Status Has Been Changed from Incomplete To Payment Pending		RSLAN-0002891	10/17/2021
007669	RSLAN-0002891 Status Has Been Changed	Application Status has been changed to Payment Pending	RSLAN-0002891	10/17/2021
007667	RSLAN-0002891 Has Been Created		RSLAN-0002891	10/17/2021

Notification Number	Notification	Message	License Number	Notification Sent Date
---------------------	--------------	---------	----------------	------------------------

Figure - Applicant dashboard page

By default, system will display only few notifications per page. You can click on the buttons 'next' and 'previous' to see more notifications.

3.1.2. Profile

Profile tab will display the following information related to an applicant

- Personal Information
- Academic and Alternative Education
- Work History
- Continuing Education
- Additional Documents
- Exam
- Training/Internship History
- Criminal History
- Enforcement

The screenshot displays the 'Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details' page. At the top, there is a navigation bar with a home icon and the text 'NA / MA / NFA'. Below this, the page title is 'Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details'. There are two dropdown menus: the first is labeled 'Please select your role' with 'Applicant' selected, and the second is labeled 'Please select one' with 'First Name Middle Name Last Name 0708' selected. Below these are two buttons: 'Submit' and 'Request additional access'. A navigation menu includes 'Home', 'Dashboard', 'Profile' (which is highlighted), 'Applications', 'License Printing', and 'Helpful Links'. The main content area is divided into a sidebar with links to 'Personal Information', 'Academic and Alternative Education', 'Work History', 'Continuing Education', 'Additional Documents', 'Exam', 'Training/Internship History', 'Criminal History', and 'Enforcement'. The 'Personal Information' section is active, showing fields for 'Last Name' (0708), 'First Name', 'Middle Name', 'Date of Birth' (7/1/2000), 'SSN' (XXX-XX5-1239), 'Mailing Street', 'Address Line 2' (100), 'Mailing City', 'Mailing State' (AK), 'Mailing Zip/Postal Code' (11111), 'Primary E-mail Address' (ovdrh9+e40c89eb2ulhw@sharklasers.com), 'Secondary E-mail Address', 'Phone' ((123) 456-7890), and 'Alternate Phone' (0987654321). A note at the bottom states: 'Note: Primary Email address can be updated on the Registration page/ Not a member link. Please Logout and use this URL "https://wscpro-txhhs.cs32.force.com/TULIP/s/login/" to access the Registration page.'

Figure - Applicant profile tab page

Personal Information

On profile page, click on the 'personal information' tab which is available on the sidebar to see below screen

Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details

* Please select your role
Applicant

* Please select one
First Name Middle Name Last Name 0708

Submit **Request additional access**

Home Dashboard **Profile** Applications License Printing Helpful Links

Personal Information

Last Name: Last Name 0708 First Name: First Name Middle Name: Middle Name

Date of Birth: 7/1/2000 SSN: XXX-XX5-1239 Masked

Mailing Street: Mailing Street

Address Line 2: 100

Mailing City: Mailing City Mailing State: AK

Mailing Zip/Postal Code: 11111 County: Anderson

Primary E-mail Address: ovdrh9+e40c89eb2ulhw@sharklasers.com Secondary E-mail Address:

Note: Primary Email address can be updated on the Registration page/ Not a member link. Please Logout and use this URL "https://wscpro-bxhhs.cs32.force.com/TULIP/s/login/" to access the Registration page.

Phone: (123) 456-7890 Alternate Phone: 0987654321

Figure - Applicant profile page – personal information tab

You can update your address on this page and click on 'save' button to save the information.

Note: System will not allow you to update fields that are greyed out.

Academic and Alternative Education

On profile page, click on the 'Academic and Alternative education' tab which is available on the sidebar to see below screen

On this screen you can see information related to your degree's and academic and alternative education details which were listed on previously submitted applications.

[Home](#)
[Dashboard](#)
[Profile](#)
[Applications](#)
[Internship Requests](#)
[License Printing](#)
[Helpful Links](#)

Personal Information
Academic and Alternative Education
Work History
Continuing Education
Additional Documents
Exam
Training/Internship History
Enforcement

Indicate Degree(s) You Hold

Degree Name	Level	University	Year of Completion	Status	Delete
Health Administration	Associate	University	03/04/2021	Open	
Health Services Administration	Bachelor	University	03/04/2021	Open	
Health Services Administration	Doctorate	University	03/31/2021	Open	
Others	Associate	University1	03/31/2019	Approved	
Health Administration	Bachelor	University2	03/31/2021	Open	
Health Administration	Associate	University	02/28/2021	Approved	

Academic and Alternative Education Requirements

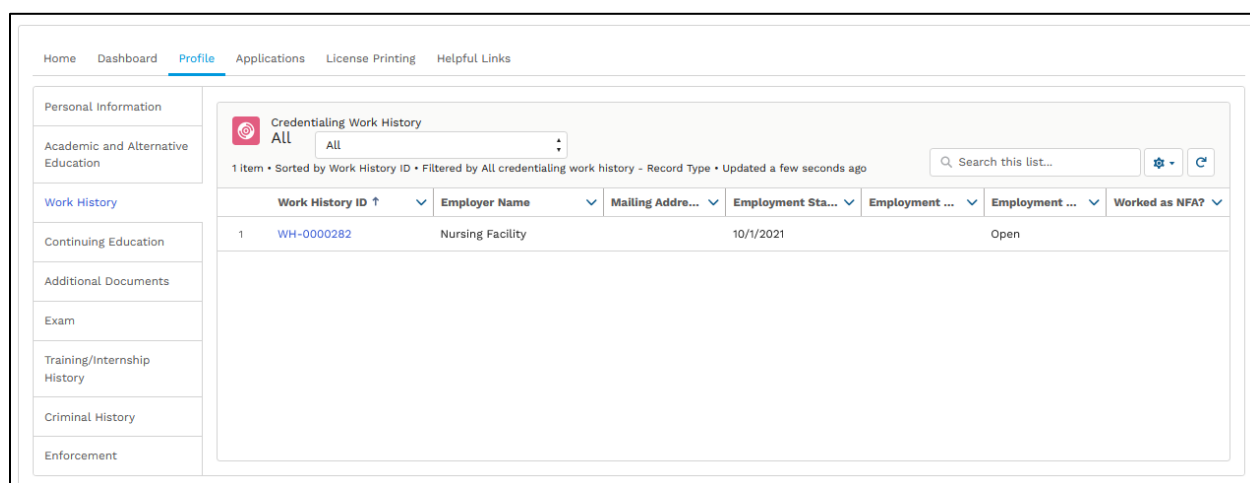
Domain	Course Number	Course Name	University Name	Status	Delete
Finance	111	Course Name	School/University	Open	
Finance	111	Course Name	School/University	Approved	
Finance	111	Course Name 1	School/University 1	Open	
Human resources	222	Course Name 2	School/University 2	Open	

Figure - Applicant profile page – academic and alternative education tab

Work History

On profile page, click on the 'Work History' tab which is available on the sidebar to see below screen

On this screen you can see information related to your work history which was listed on previously submitted applications.



The screenshot shows the 'Profile' page with the 'Work History' tab selected. The sidebar on the left contains links for Personal Information, Academic and Alternative Education, Work History (selected), Continuing Education, Additional Documents, Exam, Training/Internship History, Criminal History, and Enforcement. The main content area is titled 'Credentialing Work History' and shows a table with one entry. The table has columns for Work History ID, Employer Name, Mailing Address, Employment Start Date, Employment End Date, Employment Status, and Worked as NFA?.

Work History ID	Employer Name	Mailing Address	Employment Start Date	Employment End Date	Employment Status	Worked as NFA?
1 WH-0000282	Nursing Facility		10/1/2021		Open	

Figure - Applicant profile page – work history tab

Continuing Education

On profile page, click on the 'Continuing education' tab which is available on the sidebar to see below screen.

On this screen you can see information related to your continuing education history which was listed on previously submitted applications.

Home Dashboard **Profile** Applications License Printing Helpful Links

Personal Information

Academic and Alternative Education

Work History

Continuing Education

Additional Documents

Exam

Training/Internship History

Criminal History

Enforcement

NFA Continuing Education

Id	NAB/HHSC Course	Course Number	Sponsor Name	CEU Status	Date completed	Delete
219	NAB Course	101	Sponsor Name		2021-09-30	

MA Continuing Education

Id	Date Completed	Med Aide Provider	CEU Status	Delete
218	2021-10-17			

Figure - Applicant profile page – continuing education history tab

If you want to add a new continuing education record, click on the 'Add' button on the page to see below screen.

Add CEU

* Continuing Education Course Code

--None--

Course Name

Total CEU

Ethics CEU

Sponsor Name

Date Completed

Date

Time

Is Ceu For Enforcement Compliance

☐

Transcript

Upload Files

Or drop files

CEU Status

--None--

Comments

Cancel

Submit

Figure - Applicant profile page – add continuing education page

Enter all the necessary information and click on 'save' button to save the record.

Click on 'Cancel' button to cancel and go back to continuing education history page.

Exam

On profile page, click on the 'Exam' tab which is available on the sidebar to see below screen.

On this screen you can see information related to your previous exams which were listed on previously submitted applications.

[Home](#)
[Dashboard](#)
[Profile](#)
[Applications](#)
[License Printing](#)
[Helpful Links](#)

Personal Information
Academic and Alternative Education
Work History
Continuing Education
Additional Documents
Exam
Training/Internship History
Criminal History
Enforcement

Exam Scores

Nursing Facility Administrator (NFA)

Exam Number	Application ID	Exam Type	Exam Score	Exam Date	Exam Status
EX-2288	RSLAN-0002891				
-					

Med Aide (MA)

Exam Number	Application ID	Licensure Type	Exam Date	Exam Type	Status
-------------	----------------	----------------	-----------	-----------	--------

Figure - Applicant profile page – exam page

Training/Internship History

On profile page, click on the 'Training/Internship History' tab which is available on the sidebar to see below screen.

On this screen you can see information related to your training/internship history which were listed on previously submitted applications.

Home	Dashboard	Profile	Applications	Internship Requests	License Printing	Helpful Links																
Personal Information	<table><tr><th>Internship ID</th><th>Application ID</th><th>Internship Status</th><th>Start Date</th><th>End Date</th><th>Number of Beds</th><th>Internship Hours</th><th>Perceptor Name</th></tr><tr><td>Internship ID-0000034</td><td>RSLAN-0004083</td><td>Request Submitted</td><td>2020-01-01</td><td>2021-03-08</td><td>10</td><td>100</td><td>Mr Preceptor</td></tr></table>						Internship ID	Application ID	Internship Status	Start Date	End Date	Number of Beds	Internship Hours	Perceptor Name	Internship ID-0000034	RSLAN-0004083	Request Submitted	2020-01-01	2021-03-08	10	100	Mr Preceptor
Internship ID	Application ID	Internship Status	Start Date	End Date	Number of Beds	Internship Hours	Perceptor Name															
Internship ID-0000034	RSLAN-0004083	Request Submitted	2020-01-01	2021-03-08	10	100	Mr Preceptor															
Academic and Alternative Education																						
Work History																						
Continuing Education																						
Additional Documents																						
Exam																						
Training/Internship History																						
Enforcement																						

Figure - Applicant profile page – training/internship history page

Criminal History

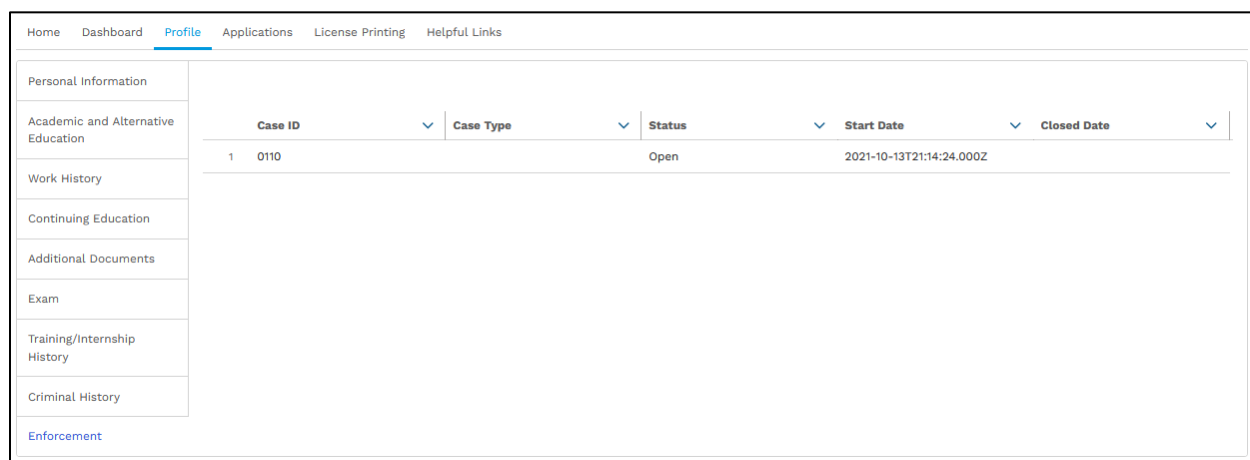
On profile page, click on the 'Criminal History' tab which is available on the sidebar to see below screen.

On this screen you can see information related to your criminal history cases.

Enforcement

On profile page, click on the 'Enforcement' tab which is available on the sidebar to see below screen.

On this screen you can see information related to your enforcement cases.



Home Dashboard Profile Applications License Printing Helpful Links					
Personal Information					
Academic and Alternative Education	Case ID	Case Type	Status	Start Date	Closed Date
Work History	1 0110		Open	2021-10-13T21:14:24.000Z	
Continuing Education					
Additional Documents					
Exam					
Training/Internship History					
Criminal History					
Enforcement					

Figure - Applicant profile page – enforcement history page

3.1.3. Applications

Applications tab will display a button called 'New Credentialing Application' to create new applications and also display previously submitted applications by you.

Nurse Aide(MA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details

* Please select your role

Applicant

* Please select one

First Name Middle Name Last Name 0708

[Submit](#) [Request additional access](#)

Home Dashboard Profile **Applications** License Printing Helpful Links

Click on Application ID in order to continue with the application process or to check the status.

Credentialing Applications

All Applications

1 item • Sorted by RS Licensing Application ID • Filtered by All credentialing applications • Updated a few seconds ago

[New Credentialing Application](#)

Search this list...

RS Licensure...	Last Name	First ...	N...	Date ...	Application ...	Licensure Type	Application Status	Last Modified By	Last Modified...	M...	N...
1	RSLAN-0002891	Last Name 0708	First Name	10/17/20...	NFA - Provisio...	Nursing Facility Ad...	Payment Pending Li...	First Name Last Na...	10/17/2021 11:01 AM		

Figure - Applications page

Click on 'New Credentialing Application' button to create and submit a license application. See sections [4.](#) Nursing Facility Administrator Applications on steps to create and submit an application.

To change the view, click on the drop-drop button highlighted in below screen.

Home Dashboard Profile **Applications** Internship Requests License Printing Helpful Links

Credentialing Applications

All Applications

[New Credentialing Application](#)

Search this list...

5+ items • Sorted by RS Licensing Application ID • Filtered by All credentialing applications • Updated 4 minutes ago

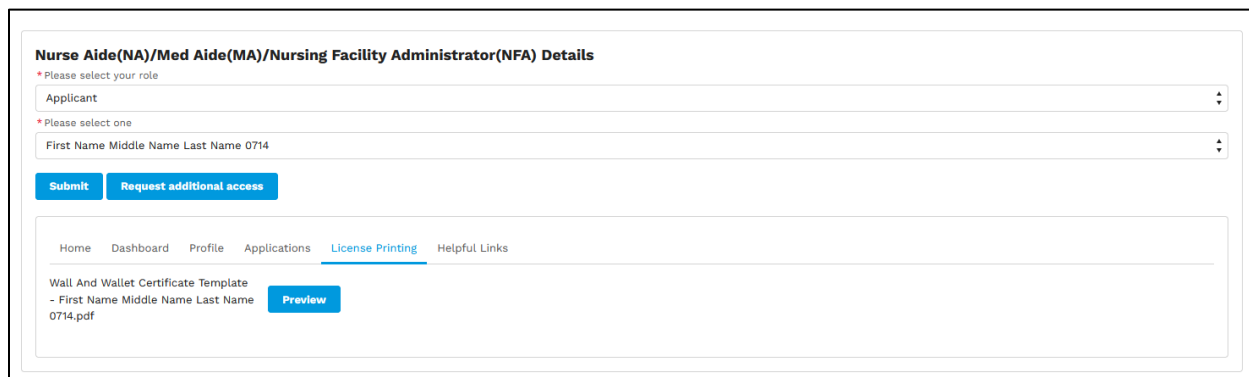
	RS Licensing Applicatio...	Licensure Type	Application Type	Application Status	Date Submitted
1	RSLAN-0004661	Nursing Facility Administrator (NFA)	NFA - Inactive	Incomplete	4/12/2021
2	RSLAN-0004660	Nursing Facility Administrator (NFA)	NFA License by HSE Qualification	Incomplete	4/12/2021
3	RSLAN-0004659	Nursing Facility Administrator (NFA)	NFA License by HSE Qualification	Incomplete	4/12/2021
4	RSLAN-0004658	Nursing Facility Administrator (NFA)	NFA - Provisional	Incomplete	4/12/2021
5	RSLAN-0004657	Nursing Facility Administrator (NFA)	Nursing Facility Administrator Recip...	Incomplete	4/12/2021

[Load More](#)

Figure - Application page view

3.1.4. License Printing

This screen displays your license as shown below and system allows you to preview and download your license.



The screenshot shows the 'License Printing' tab selected in the navigation menu. The main content area displays the 'Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details' section. It includes two dropdown menus: 'Applicant' (set to 'Applicant') and 'First Name Middle Name Last Name' (set to '0714'). Below these are 'Submit' and 'Request additional access' buttons. A breadcrumb trail shows 'Home > Dashboard > Profile > Applications > License Printing > Helpful Links'. At the bottom, there is a 'Wall And Wallet Certificate Template' section with a 'Preview' button.

Figure – License Printing tab

Clicking on 'Preview' button will display your license as shown below.



The screenshot displays a 'Texas Health and Human Services Commission Facility Medication Aide Permit'. The permit is for 'First Name Middle Name Last Name 0714' and is issued under Chapter 242, Subchapter N, of the Texas Health and Safety Code. It includes fields for 'Permit Number', 'Effective Date', and 'Expiration Date'. The permit is signed by Cecile Young, Executive Commissioner. A large watermark of the State of Texas seal is visible in the background. At the bottom, it states 'This Permit may not be transferred or assigned.' The interface also shows a 'Download' button and a 'View File Details' link.

Figure – License page

System allows you to preview and download your license. Click on 'Download' button to download and save the license on your computer.

3.1.5. Helpful Links

This screen displays helpful links.

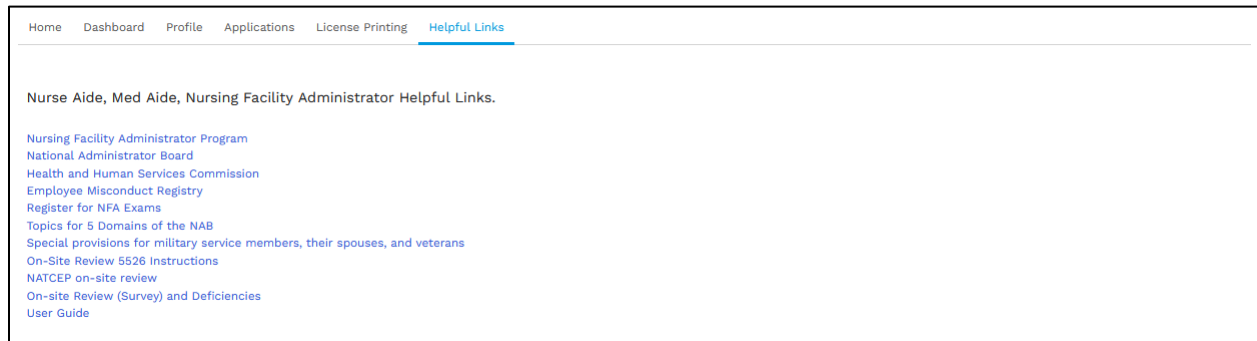


Figure – Helpful Links page

4. Nursing Facility Administrator Applications

Following applications are applicable to Nursing Facility Administrator (NFA)

- Initial License Application
- NFA License by HSE Qualification Application
- Nursing Facility Administrator License for Military Spouse stationed in Texas Application
- Request for Entry on the Texas Nurse Aide Registry Through Reciprocity
- Reciprocity Application
- Provisional License Application
- Inactive Status Application
- Preceptor Application
- Military Renewal Waiver Application
- Renewal Application
- Name Change Application
- Request for Criminal History Evaluation Letter

To create a new application, go to NA/MA/NFA tab and select your role as 'Applicant' to see below screen.

The screenshot shows the 'NA / MA / NFA' tab selected in the top navigation bar. The main content area is titled 'Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details'. It contains two dropdown menus: the first is labeled 'Please select your role' and has 'Applicant' selected; the second is labeled 'Please select one' and has 'First Name Last Name' selected. Below these are two buttons: 'Submit' and 'Request additional access'. A navigation bar below the buttons includes links for 'Home', 'Dashboard', 'Profile', 'Applications', 'License Printing', and 'Helpful Links'. The 'Home' link is underlined. The main body of the page contains a welcome message: 'Welcome to the Nursing Facility Administrator (NFA), Nurse Aide (NA) and Medication Aide (MA) online licensing system.' followed by contact information for the NFA, NA, MA, and NATCEP programs.

Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details

* Please select your role
Applicant

* Please select one
First Name Last Name

[Submit](#) [Request additional access](#)

[Home](#) [Dashboard](#) [Profile](#) [Applications](#) [License Printing](#) [Helpful Links](#)

Welcome to the Nursing Facility Administrator (NFA), Nurse Aide (NA) and Medication Aide (MA) online licensing system.

The NFA program can be contacted at 512-438-2015 or NFA_Licensing_Program@hhs.texas.gov
The NA program can be contacted at 512-438-2050 or NurseAideRegistry@hhs.texas.gov
The MA program can be contacted at 512-438-2025 or Medication_Aide_Program@hhs.texas.gov
The NATCEP can be contacted at 512-438-2017 or Regulatory_NATCEP@hhs.texas.gov

Figure - Applicant home page

Click on the Applications' tab to see below screen.

Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details

* Please select your role

Applicant

* Please select one

First Name Last Name

Submit Request additional access

Home Dashboard Profile Applications License Printing Helpful Links

Click on Application ID In order to continue with the application process or to check the status.

Credentialing Applications

All A All Applications

New Credentialing Application

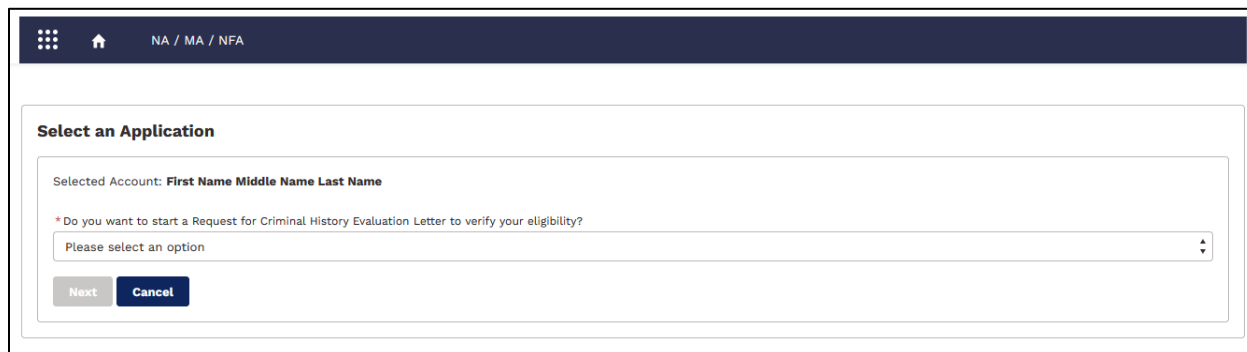
3 Items • Sorted by RS Licensing Application ID • Filtered by All credentialing applications • Updated 29 minutes ago

	RS Licens...	Last...	First...	N...	Date ...	Application Type	Licensure Type	Application Status	Last Modified By	Last Modified ...	M...	N...
1	RSLAN-0002891	Name	First		10/17/2021	NFA - Provisional	Nursing Facility Admi...	Payment Pending Lic...	First Name Last Name	10/17/2021 11:01 AM		
2	RSLAN-00028...	App 6/27	Licensing		10/18/2021	Certified Nurse Aide ...	Nurse Aide (NA)	Incomplete	First Name Last Name	10/18/2021 4:03 PM		
3	RSLAN-0002893	App 6/27	Licensing		10/18/2021	Certified Nurse Aide ...	Nurse Aide (NA)	Incomplete	First Name Last Name	10/18/2021 4:03 PM		

Figure - Applications page

Applications tab will display a button called 'New Credentialing Application' to create new applications and also display previously submitted applications by you.

Click on the button 'New Credentialing Application' to see below screen.



The screenshot shows a web application interface with a dark blue header bar. On the left of the header is a grid icon, followed by a home icon, and then the text 'NA / MA / NFA'. The main content area is titled 'Select an Application'. Below the title, there is a text field labeled 'Selected Account: First Name Middle Name Last Name'. Below this is a question: '* Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'. Under the question is a dropdown menu with the text 'Please select an option' and a small downward arrow. At the bottom left of the form are two buttons: 'Next' (disabled, light gray) and 'Cancel' (active, dark blue).

Figure - Select an Application page

Note: System will automatically render appropriate applications based on your license status (Prospect, Licensed etc.) and your answers to the questions on this page.

See next sections for steps on how to create and submit each individual application.

4.1. Initial License Application

Please go to section [4. Nursing Facility Administrator Applications](#) for steps on how to get to below screen.

Note: This application is applicable to applicants who are prospects and who do not hold a professional license with state of Texas.

To create and submit this application, please follow below steps.

1. Select 'No' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'
2. Select 'No' for question 'Do you want to start a Name Change Application?'
3. Select 'Nursing Facility Administrator (NFA)' for question 'Please select a Licensure type to start an application'
4. Select 'No' for question 'Are you a military spouse with active Out-of-State License and Do you have a Texas Address?'
5. Select 'No' for question 'Are you HSE Certified?'
6. Select 'No' for question 'Do you have an active Out-of-State License and want to pursue reciprocity?'
7. Select 'Initial License Application' for question 'Please select an application?'
8. Click 'Next' to view the application

Note: Fields marked with * are required.

After you click next, system will display below screen to review or edit your information.

Personal Inform...
Acknowledge...
Academic and...
Attestation fo...
Military Provis...
Documents
Deficiencies
Summary
Payment
Payment 2
Submit

Profile Acknowledgement
Add Deficiencies

☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

Personal Information
Add Deficiencies

First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication for Fingerprinting	Email

Next
Save
Cancel
Withdraw
Clone

Figure - Personal information tab

Please review the information and acknowledge by clicking the check box or click on the button 'click here' to update the information such as Gender, Phone Numbers, Mailing address and preferred method of communication.

Clicking on the link/button 'click here' will display below screen.

Profile Information

Profile Information

First Name
New

Middle Name
First Name New Middle Name New Last

Last Name
Name

SSN
123-45-1234

* Phone

Alternate Phone

* Address Line1

Address Line2

* City

* State

* ZipCode

* Method of Communication for Fingerprinting

Figure - Update Personal information page

Click on button 'save profile' to save the updates and go back to 'personal information' tab or click on 'cancel' button to exit to 'personal information' tab without saving the information.

Personal Information

First Name: New

Middle Name: First Name New Middle Name New Last

Last Name: Name

Date of Birth (DOB): 5/1/2000

SSN: 123-45-1234

Gender: Male

Phone: (111) 111-1111

Alternate Phone: (222) 222-2223

Primary Email: ohxe4k+8pr7l2408f0vk@sharklasers.com

Address Line1: TEST new

Address Line2: 1001

City: newyork1

State: TN

ZipCode: 12345-1164

Method of Communication for Fingerprinting: Email

Buttons: Next, Save, Cancel, Withdraw, Clone

Figure - Personal information tab

Click on 'next' button to proceed to next tab, 'save' button to save the information entered on this tab, 'cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Acknowledgement' tab in a multi-step application process. The top navigation bar includes tabs: Acknowledge... (active), Academic and..., Attestation fo..., Military Provis..., Documents, Deficiencies, Summary, Payment, Payment 2, and Submit. The main content area is titled 'Acknowledgement' and contains two required checkboxes:

- ☐ I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application
- ☐ I understand that I must submit all official college transcripts needed in order to apply for a license.

An 'Add Deficiencies' button is located in the top right corner. At the bottom, there are buttons for 'Previous', 'Next', 'Save', 'Cancel', 'Withdraw', and 'Clone'.

Figure - Acknowledgement tab

Click on 'previous' button to go to previous tab, 'next' button to proceed to next tab, 'save' button to save the information entered on this tab, 'cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Academic and Degree Information' tab. The top navigation bar is the same as the previous tab. The main content area includes:

- A text box: "List each degree you have entered below. You are required to submit official transcripts to the NFA licensing program." with an 'Add Deficiencies' button.
- A section titled 'Indicate Degree(s) You Hold' with a table:

Degree Name	Level	University	Year of Completion	Status	Delete
+ Add Degree					

- Below the table, there is a text box with instructions: "Initial applicants are required to meet the 5 domains of the NAB. Select the domain and list the course you have completed that matches the domain topics. An NFA staff member will review your courses for compliance of the national association of long term care administrator board (NAB). For topics that meet the 5 Domains, see Helpful Links. All Academic and Alternative Education must be reviewed by NFA licensing staff. In order for staff to review your course to meet domain requirements you must upload a course description. For topics that meet the 5 Domains, see Helpful Links."
- A section titled 'Academic and Alternative Education Requirements' with a table:

Domain	Course Number	Course Name	University Name	Status	Delete
+ Add Alternative Education					

At the bottom, there are buttons for 'Previous', 'Next', 'Save', 'Cancel', 'Withdraw', and 'Clone'.

Figure - Academic and Degree Information Tab

System will display below screen when you click on the button 'Add Degree' to add academic and degree information.

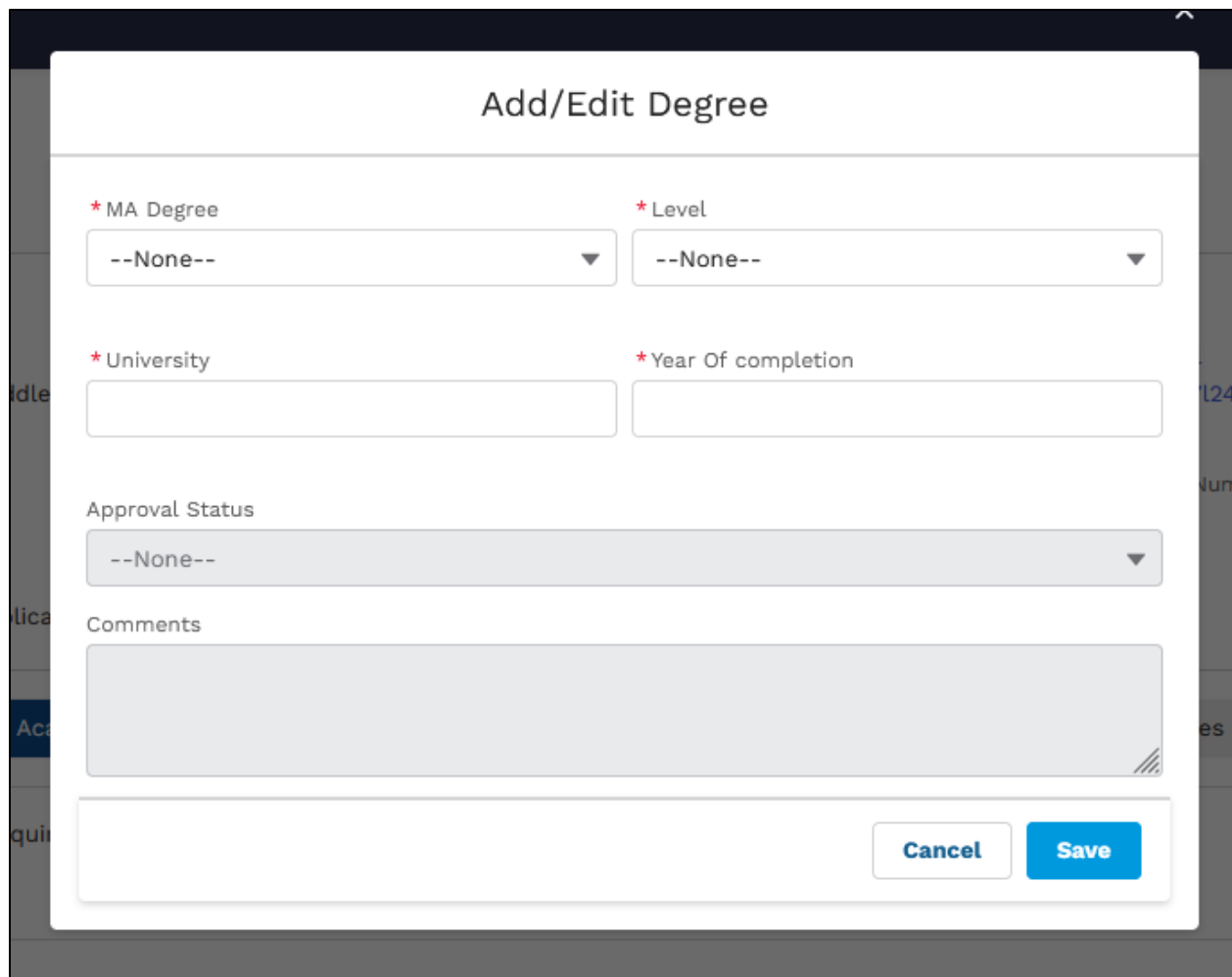
The image shows a mobile application interface for adding or editing a degree record. The form is titled "Add/Edit Degree" and contains several input fields. At the top, there are two dropdown menus: "MA Degree" and "Level", both currently set to "--None--". Below these are two text input fields: "University" and "Year Of completion". Further down is an "Approval Status" dropdown menu, also set to "--None--". Below that is a large text area for "Comments". At the bottom right of the form are two buttons: "Cancel" and "Save". The form is overlaid on a dark background with some blurred text from other parts of the application visible on the left and right edges.

Figure - Add/Edit Degree Tab

Clicking on 'save' button will save the record, clicking on 'cancel' button will not save the record and will take the user back to academic and degree information tab.

Clicking on 'save' button will display below screen.

Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

✓

✓

Academic and...

Attestation fo...

Military Provis...

Documents

Deficiencies

Summary

Payment

Payment 2

Submit

List each degree you have entered below. You are required to submit official transcripts to the NFA licensing program.

Add Deficiencies

Indicate Degree(s) You Hold

Degree Name	Level	University	Year of Completion	Status	Delete
Health Administration	Associate	University	2020	Open	

+ Add Degree

Initial applicants are required to meet the 5 domains of the NAB. Select the domain and list the course you have completed that matches the domain topics. An NFA staff member will review your courses for compliance of the national association of long term care administrator board (NAB). For topics that meet the 5 Domains, see Helpful Links.

All Academic and Alternative Education must be reviewed by NFA licensing staff. In order for staff to review your course to meet domain requirements you must upload a course description. For topics that meet the 5 Domains, see Helpful Links.

Academic and Alternative Education Requirements

Domain	Course Number	Course Name	University Name	Status	Delete
--------	---------------	-------------	-----------------	--------	--------

+ Add Alternative Education

Previous

Next

Save

Cancel

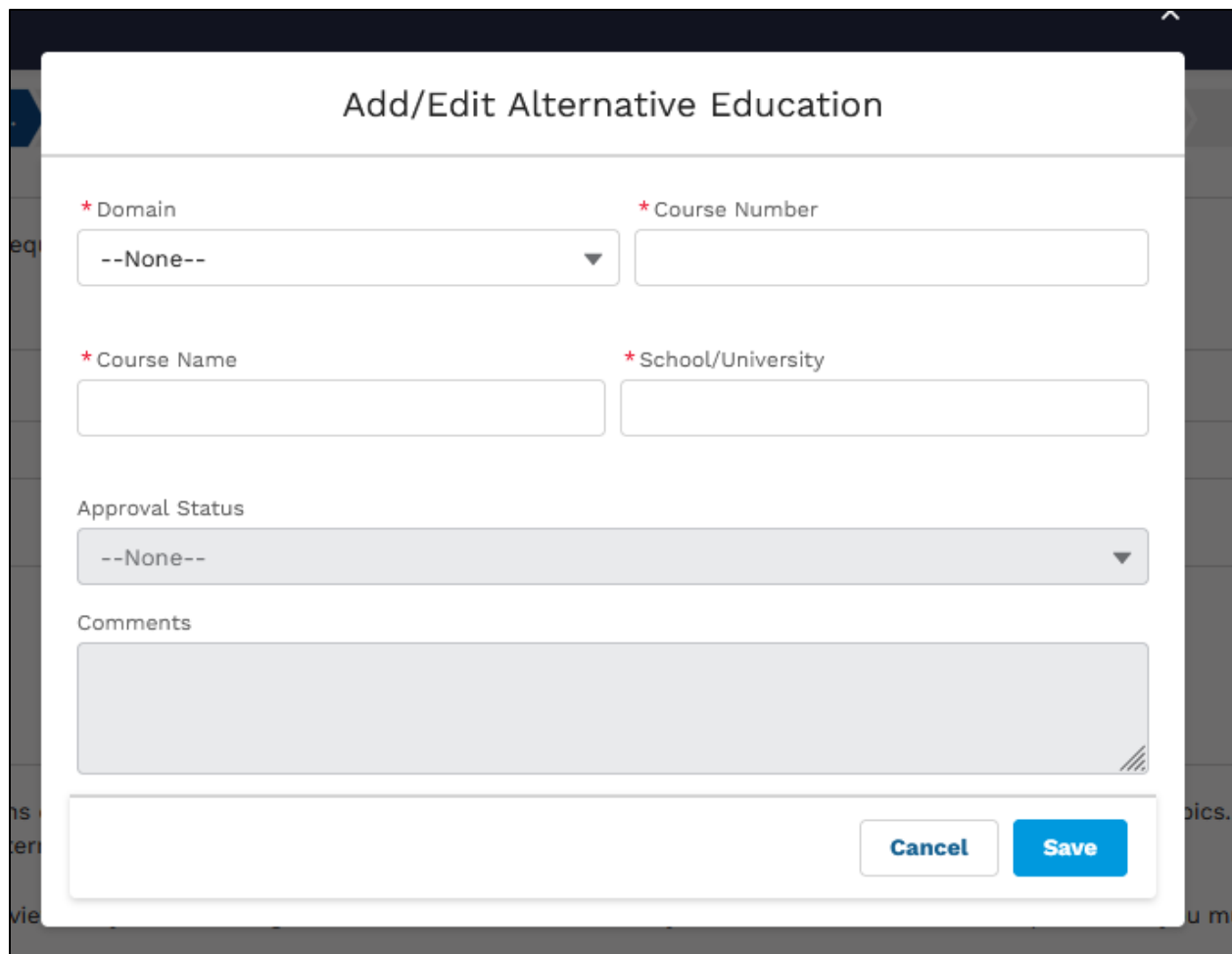
Withdraw

Clone

Figure - Academic and Degree Information Tab

Clicking on 'Edit' button next to the record will allow you to edit the record or clicking on 'Delete' button next to the record will allow you to delete the record.

System will display below screen when you click on the button 'Add Alternative Education' to add academic and alternative education information.

The image shows a web-based form titled "Add/Edit Alternative Education". The form is white with a thin border and is set against a dark background. It contains several input fields: a dropdown menu for "Domain" with "--None--" selected, a text field for "Course Number", a text field for "Course Name", and a text field for "School/University". Below these is a dropdown menu for "Approval Status" also showing "--None--". There is a large text area for "Comments" with a small icon in the bottom right corner. At the bottom right of the form are two buttons: "Cancel" (white with a blue border) and "Save" (solid blue).

Add/Edit Alternative Education

* Domain: --None--

* Course Number:

* Course Name:

* School/University:

Approval Status: --None--

Comments:

Cancel Save

Figure - Add/Edit Alternative Education Tab

Clicking on 'save' button will save the record, clicking on 'cancel' button will not save the record and will take the user back to academic and degree information tab.

Clicking on 'save' button will display below screen.

Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the 'Academic and Degree Information' tab in the NFA licensing application system. The top navigation bar includes tabs: Academic and..., Attestation fo..., Military Prov..., Documents, Deficiencies, Summary, Payment, Payment 2, and Submit. The 'Academic and...' tab is active.

Below the navigation bar, there is a section titled 'List each degree you have entered below. You are required to submit official transcripts to the NFA licensing program.' with an 'Add Deficiencies' button.

The main section is titled 'Indicate Degree(s) You Hold' and contains a table with the following columns: Degree Name, Level, University, Year of Completion, Status, and Delete. The table has one row with the following data: Degree Name: Health Administration, Level: Associate, University: University, Year of Completion: 2020, Status: Open, and a Delete button (trash icon). Below the table is an 'Add Degree' button.

Below the table, there is a text box with instructions: 'Initial applicants are required to meet the 5 domains of the NAB. Select the domain and list the course you have completed that matches the domain topics. An NFA staff member will review your courses for compliance of the national association of long term care administrator board (NAB). For topics that meet the 5 Domains, see Helpful Links. All Academic and Alternative Education must be reviewed by NFA licensing staff. In order for staff to review your course to meet domain requirements you must upload a course description. For topics that meet the 5 Domains, see Helpful Links.'

Below the text box is a section titled 'Academic and Alternative Education Requirements' with a table with the following columns: Domain, Course Number, Course Name, University Name, Status, and Delete. The table has one row with the following data: Domain: Finance, Course Number: 100, Course Name: Course Name, University Name: School/University, Status: Open, and a Delete button (trash icon).

At the bottom of the form are buttons: Previous, Next, Save, Cancel, Withdraw, and Clone.

Figure - Academic and Degree Information Tab

Clicking on 'Edit' button next to the record will allow you to edit the record or clicking on 'Delete' button next to the record will allow you to delete the record. Clicking on 'next' button will display below screen.

The screenshot shows the 'Attestation for Application' tab in the NFA licensing application system. The top navigation bar includes tabs: Academic and..., Attestation f..., Military Prov..., Documents, Deficiencies, Summary, Payment, and Submit. The 'Attestation f...' tab is active.

Below the navigation bar, there is a section titled 'Attestation for Application' with a checkbox and text: '* ☐ The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certificate.'

Below the checkbox is a text input field labeled '* Applicant - Signature'.

Below the signature field is a date input field labeled '* Date' with a calendar icon.

At the bottom of the form are buttons: Previous, Next, Cancel, Save, and Withdraw.

Figure - Attestation for Application tab

Clicking on 'next' button will display below screen.

The screenshot shows the 'Military Provision' tab in the application system. At the top, a progress bar indicates the current step. The main content area contains a question: '* Do you think qualify for a Military Provision or Payment Exemption?'. Below this is a dropdown menu currently set to '--None--'. A note states: 'If you selected yes and are interested in applying under a military provision, please contact the following programs via email to see if you meet requirements:'. Below this note are three bullet points: '• Nursing Facility Administrator, NFA_Licensing_Program@hhs.texas.gov', '• Nurse Aide Registry, NurseAideRegistry@hhs.texas.gov', and '• Medication Aide Program, Medication_Aide_Program@hhs.texas.gov'. At the bottom, there are buttons for 'Previous', 'Next', 'Cancel', 'Save', and 'Withdraw'.

Figure - Military Provision tab

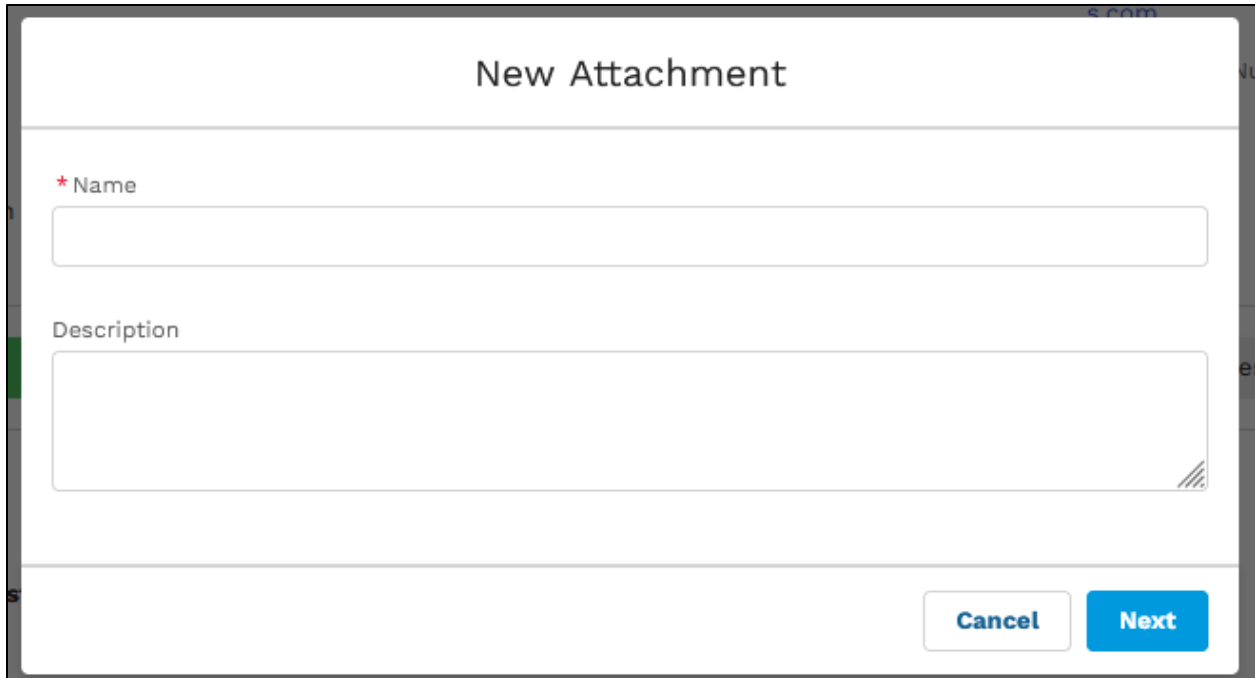
Clicking on 'next' button will display below screen.

The screenshot shows the 'Documents' tab in the application system. At the top, a progress bar indicates the current step. The main content area contains a list of required documents: '1.) An official transcript reflecting a baccalaureate degree from a university or health science center accredited by an association recognized by the Texas Higher Education Coordinating Board or another transcript reflecting 15 semester credit hours in long term care administration or its equivalent that include the five domains of the NAB', '2.) A copy of Social Security Card', and '3.) Military person/Spouse supporting Documentation (for applicants who qualify for a Military Provision)'. A note states: 'Please use "Add Additional Attachment" button to attach any additional documents.' Below this list are three sections for uploading documents. Each section has a title, a description, and an 'Upload Attachments' button. The first section is 'Copy of your Social Security Card', the second is 'Military person/Spouse supporting Documentation', and the third is 'Official transcript of a baccalaureate degree or equivalent transcript'. Each section also has an 'Add Deficiency' button and a 'Delete' button. At the bottom, there are buttons for 'Previous', 'Next', 'Save', 'Cancel', 'Withdraw', and 'Clone'.

Figure - Documents tab

This screen allows applicants to upload files or drag and drop files into pre-provided documents list.

To upload additional attachments, click on button 'Add Additional Attachment' to see below screen.

A screenshot of a web form titled "New Attachment". The form has two main input fields: "Name" with a red asterisk indicating it is required, and "Description". Below these fields are two buttons: "Cancel" and "Next". The "Next" button is highlighted in blue.

New Attachment

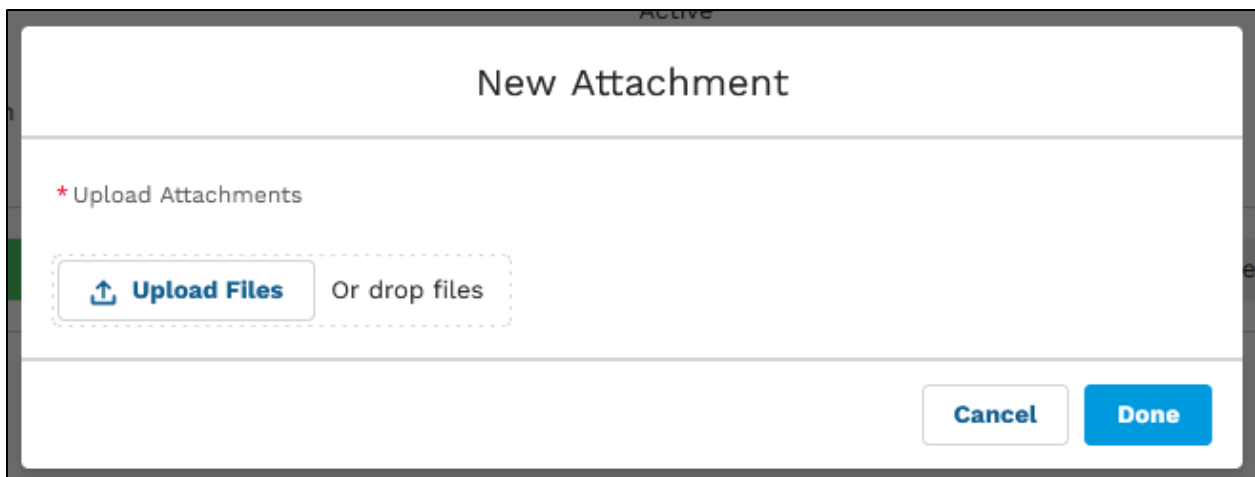
* Name

Description

Cancel Next

Figure - Add new additional attachment page

Enter attachment name, description and click next to see below screen.

A screenshot of the same "New Attachment" form, but now showing the upload section. The "Name" and "Description" fields are no longer visible. Instead, there is a section titled "* Upload Attachments" with a dashed border. Inside this section is a button labeled "Upload Files" with an upward arrow icon, followed by the text "Or drop files". At the bottom right are "Cancel" and "Done" buttons. The "Done" button is highlighted in blue.

New Attachment

* Upload Attachments

Upload Files Or drop files

Cancel Done

Figure - Upload Attachment page

Upload attachment or drag and drop attachment and click on 'Done' button to return to documents tab or click on 'Cancel' button to cancel and go back to documents tab.

Additional Attachment Add Deficiency Delete

Upload Attachments
[Upload Files](#) Or drop files

Copy of Social Security Card Add Deficiency Delete

Upload Attachments
[Upload Files](#) Or drop files

This document is required.

Medication Aide Experience Documentation (Form 5523) Add Deficiency Delete

Upload Attachments
[Upload Files](#) Or drop files

This document is required.

Medication Aide General Statement of Enrollment (Form 5534) Add Deficiency Delete

Upload Attachments
[Upload Files](#) Or drop files

This document is required.

Previous Next Cancel Save Withdraw

Figure - Documents tab

Clicking on 'next' button will display below screen.

✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ **Deficiencies** Summary Payment Submit

✗ Error in Item: 1. Profile Acknowledgement Go to Step

Description
Error On To the best of my knowledge, all the personal information provided under this profile is correct.

✗ Error in Item: 3. Criminal History Acknowledgement Go to Step

Description
Error On If the name on the certificate is different than the name in Item III, applicant must attach proof of name change, such as a photocopy of a marriage license, divorce paper or legal name change document.

✗ Error in Item: 3. Criminal History Acknowledgement Go to Step

Description
Error On Agreement of Authorization and Confidentiality

✗ Error in Item: 6. Attestation for Application Go to Step

Description
Error On Date

✗ Error in Item: 6. Attestation for Application Go to Step

Previous Next Cancel Save Withdraw

Figure - Deficiencies tab

Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

System will automatically display the deficiencies on this tab. Please review the deficiencies and click on 'Go to Step' button and system will automatically take you to the deficiency, address the deficiencies and come back to the 'Deficiencies' tab.

If you do not have any deficiencies to address, please click on 'next' button to proceed to below screen.

The screenshot displays the 'Summary' tab of the Texas Health and Human Services NFA Licensing application. At the top left is the Texas Health and Human Services logo. A 'Print' button is located at the top right. Below the logo, the 'Applicant Information' section contains a table with fields for First Name, Middle Name, Last Name, Date of Birth, Primary Email, NA Certificate Number, NA Certificate Status, MA Permit Number, MA Permit Status, Preceptor Status, Preceptor Expiration Date, NFA License Number, NFA License Status, and License Expiration Date. Below this table, the 'Licensure Type' is 'Nursing Facility Administrator (NFA)' and the 'Application Type' is 'NFA - Initial'. A progress bar shows steps 1 through 8 as completed (green checkmarks), with 'Summary' being the current active step (blue), followed by 'Payment', 'Payment 2', and 'Submit'. Below the progress bar is the 'Review Information' section, which includes a 'Profile Acknowledgement' checkbox (checked) and a 'Personal Information' section with fields for First Name, Middle Name, and Last Name. At the bottom, there are buttons for 'Previous', 'Next', 'Save', 'Cancel', 'Withdraw', and 'Clone'.

First Name	Middle Name	Last Name	Date of Birth	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
New	New	New	5/1/2000	ohxe4k+8pr7l2408f Ovk@sharklasers.co m	1234	Prospective	123456	Active	Prospective			Prospective	

Licensure Type: Nursing Facility Administrator (NFA)
Application Type: NFA - Initial

Progress: 1 2 3 4 5 6 7 8 Summary Payment Payment 2 Submit

Review Information

Profile Acknowledgement

To the best of my knowledge, all the personal information provided under this profile is correct.

☒

Personal Information

First Name: New
Middle Name: New
Last Name: New

Buttons: Previous Next Save Cancel Withdraw Clone

Figure - Summary tab

Click on 'Print' button to print the application.

Clicking on 'next' button will display below screen.

✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ **Payment** Payment 2 Submit

APPLICATION DETAILS

Application ID: RSLAN-0002839

Application Type: NFA - Initial

Application Status: Payment Pending

Application Date: Oct 1, 2021

ONLINE PAYMENTS

--Select a Payment Type--

- ACH
- Credit Card
- Paper Check/Money Order

--Select a Payment Type--

Previous Next **Save** Cancel Withdraw Clone

Figure - Payment tab

If you do not qualify for military provision, you can pay for the application using one of the three available payment types

1. ACH
2. Credit Card
3. Paper Check/Money Order

Please refer to section [5.4 How to pay for applications?](#) for steps on how to make payment and return to application to submit the application.

Note: Second payment may be required for some applications, if your application requires second or additional payment you will get a notification from HHS.

To make second payment login to your account, open the application that requires second/additional payment and click on 'Payment 2' tab to see below tab.

Please refer to section [5.4. How to pay for applications?](#) for steps on how to make payment and return to application to submit the application.

The screenshot shows a progress bar at the top with 11 steps, each marked with a green checkmark. The 11th step is highlighted in blue and labeled 'Payment 2'. To the right of the progress bar is a 'Submit' button. Below the progress bar, the text reads: 'Please complete payment in previous step to proceed with this payment. If you meet the criteria, then only you can proceed with this payment.' At the bottom of the form, there are five buttons: 'Previous', 'Next', 'Save', 'Cancel', 'Withdraw', and 'Clone'.

Figure - Payment tab

After you complete the payment, click on 'next' button to proceed to below screen.

The screenshot shows a progress bar at the top with 11 steps, each marked with a green checkmark. The 11th step is highlighted in blue and labeled 'Submit'. Below the progress bar, the text reads: 'For payment type ACH and Credit Card, You must click the submit button to complete the application process. Please note that your application is not considered fully submitted until fee payment is posted. If you have check Papercheck/ money order as your payment option, please send your payment amount to complete submitting application. For papercheck/ money order: Please note that your application is not considered fully submitted until fee payment is posted. If you have check Papercheck/ money order as your payment option, please send your payment amount to complete submitting application.' At the bottom of the form, there are five buttons: 'Previous', 'Submit', 'Cancel', 'Withdraw', and 'Clone'.

Figure - Submit tab

Clicking on 'submit' button will display below confirmation screen with application number.

Note: 'Submit' button will be disabled if payment was not made.

The screenshot shows a confirmation dialog box titled 'Application Information'. The text inside the dialog box reads: 'Your Application has been received and will be processed accordingly. Your Application number is RSLAN-0000951. If additional information is required, you will be notified regarding your submission.' At the bottom right of the dialog box, there is a blue button labeled 'Done'.

Figure - Confirmation tab

Click on 'Done' to exit to home page.

Your application has been successfully submitted!!!

4.2. Internship Application

After you submit an NFA initial license application, you are required to submit an 'Internship' application unless you are required for internship waiver eligibility (this will be determined by HHSC staff).

Please see below steps on how to submit an internship application.

Go to 'NA/MA/NFA' tab, select your role as 'Applicant', select name and go to 'Applications' tab to see below screen.

Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details

* Please select your role
Applicant

* Please select one
First Name Middle Name Last Name 0714

[Submit](#) [Request additional access](#)

Home Dashboard Profile **Applications** License Printing Helpful Links

Click on Application ID in order to continue with the application process or to check the status.

Credentialing Applications
All Applications

1 item • Sorted by RS Licensing Application ID • Filtered by All credentialing applications • Updated a few seconds ago

	RS Licensing A...	Last Name	First ...	N...	Date...	Application Type	Licensu...	Application Status	Last Modified By	Last Modifie...
1	RSLAN-0002926	Last Name 07...	First Name		10/21/2...	NFA - Initial	Nursing Fa...	Submitted Payment Pendi...	First Name Last Name 0714	10/21/2021 9:46

Figure - Applications page

Clicking on the application number will open the application and show below screen.

NA / MA / NFA

TEXAS
Health and Human
Services

Applicant Information

Licensure Application
Type Type
Nursing NFA -
Facility Initial
Admini
strator
(NFA)

Requirement... Internship Personal In... Acknowled... Academic ... Attestation... Military Pro... Documents Deficiencies Summary Payment Payment 2 Submit

Requirements

Apply For Waiver

☐ Application Fee

☐ Criminal History Report

☒ Enforcement Check

☐ Education Transcript

Next Save Cancel Withdraw Clone

Figure – Requirement checklist tab

Clicking on 'Internship' tab will display below screen.

NA / MA / NFA

TEXAS
Health and Human
Services

Applicant Information

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
			7/1/2000	ox9kje+8sfa8sbtY0g5 0@sharklasers.com		Prospectiv e		Prospect ive	Prospecti ve			Prospecti ve	

Licensure Type Nursing Facility Administrator (NFA)

Application Type NFA - Initial

Internship Personal In... Acknowled... Academic ... Attestation... Military Pro... Documents Deficiencies Summary Payment Payment 2 Submit

Add Deficiencies

Internship ID	Application ID	Internship Status	Start Date	End Date	Number of Beds	Internship Hours	Preceptor Name
---------------	----------------	-------------------	------------	----------	----------------	------------------	----------------

Apply For Internship

Previous Next Save Cancel Withdraw Clone

Figure – Internship tab

Clicking on 'Apply for Internship' button will display below screen.

Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

Add Training/Internship History

Preceptor Information

*NFA License Number Search *Preceptor Account Search Accounts...

Telephone Number Primary Email

License Issue Date

Internship Setting Information

*Vendor Number Search Phone

Facility Name City

Mailing Address Street Zipcode

State Number of Hours per Week ⓘ

Number of Beds

Administrator is same as the Preceptor ☐

Administrator License Number Search Administrator Name


Internship Dates

Date Started Internship End Date

☐ I as applicant, affirm that all information provided by me on this form is true and accurate.
☐ I have read the Nursing Facility Administrator rules relating to Administrators-In-Training (AIT) and that all internship hours will be completed according with the section of the rules relating to AIT.
☐ I will meet with my preceptor for at least one hour per day during each week of documented internship.
☐ I will abide by all rules, including ethics requirements.
☐ I will notify the Nursing Facility Administrator Program if the internship arrangement is terminated.

Figure – Internship application page

Enter all required fields and click on 'Save' button to see below screen.

 **TEXAS**
Health and Human
Services

Applicant Information

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
First Name	Middle Name	Last Name	7/1/2000	0x9kje+8sfa8sbty0g5 0@sharklazers.com		Prospective		Prospective	Prospective				

Licensure Type: Nursing Facility Administrator (NFA) Application Type: NFA - Initial

☒ **Internship** ☐ Personal In... ☐ Acknowled... ☐ Academic ... ☐ Attestation... ☐ Military Pro... ☐ Documents ☐ Deficiencies ☐ Summary ☐ Payment ☐ Payment 2 ☐ Submit

Internship ID	Application ID	Internship Status	Start Date	End Date	Number of Beds	Internship Hours	Preceptor Name
Internship ID-0000211	RSLAN-0002926	Request Submitted	2020-09-01	2021-05-31	100	40	Zap Curse

Figure – Internship tab

Click on 'Apply for Internship' button to submit another internship application or click on home icon to go back to Applicant tab.

4.3. NFA License by HSE Qualification Application

Please go to section [4. Nursing Facility Administrator Applications](#) for steps on how to get to below screen.

Note: This application is applicable to applicants who are prospects and who do not hold a professional license with state of Texas.

To create and submit this application, please follow below steps.

1. Select 'No' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'
2. Select 'No' for question 'Do you want to start a Name Change Application?'
3. Select 'Nursing Facility Administrator (NFA)' for question 'Please select a Licensure type to start an application'
4. Select 'No' for question 'Are you a military spouse with active Out-of-State License and Do you have a Texas Address?'
5. Select 'Yes' for question 'Are you HSE Certified?'
6. Select 'NFA License by HSE Qualification Application' for question 'Please select an application?'
7. Click 'Next' to view the application

Note: Fields marked with * are required.

After you click next, system will display below screen to review or edit your information.

Personal Inform...
Acknowledgeme...
Attestation for ...
Military Provision
Documents
Deficiencies
Summary
Payment
Payment 2
Submit

Profile Acknowledgement
Add Deficiencies

☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

Personal Information
Add Deficiencies

First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

Previous
Next
Save
Cancel
Withdraw

Figure - Personal information tab

Please review the information and acknowledge by clicking the check box or click on the button 'click here' to update the information such as Gender, Phone Numbers, Mailing address and preferred method of communication.

Clicking on the link/button 'click here' will display below screen.

Profile Information

Profile Information

First Name
New

Middle Name
First Name New Middle Name New Last

Last Name
Name

SSN
123-45-1234

* Phone

Alternate Phone

* Address Line1

Address Line2

* City

* State

* ZipCode

* Method of Communication for Fingerprinting

Figure - Update Personal information page

Click on button 'save profile' to save the updates and go back to 'personal information' tab or click on 'cancel' button to exit to 'personal information' tab without saving the information.

Personal Inform... Acknowledgeme... Attestation for ... Military Provision Documents Deficiencies Summary Payment Payment 2 Submit

Profile Acknowledgement [Add Deficiencies](#)

* ☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

Personal Information [Add Deficiencies](#)

First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

[Previous](#) [Next](#) [Save](#) [Cancel](#) [Withdraw](#)

Figure - Personal information tab

Click on 'next' button to proceed to next tab, 'save' button to save the information entered on this tab, 'cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Acknowledgement' tab in a multi-step application process. The top navigation bar includes tabs: Acknowledgement (active), Attestation for ..., Military Provision, Documents, Deficiencies, Summary, Payment, Payment 2, and Submit. The main content area is titled 'Acknowledgement' and contains two required checkboxes, each with an asterisk:

- ☐ I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application
- ☐ I Acknowledge that my NFA license has not been revoked in any state in United States.

An 'Add Deficiencies' button is located in the top right corner. At the bottom, there are five buttons: Previous, Next, Save, Cancel, and Withdraw.

Figure - Acknowledgement tab

Click on 'previous' button to go to previous tab, 'next' button to proceed to next tab, 'save' button to save the information entered on this tab, 'cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Attestation for Application' tab. The top navigation bar is the same as the previous figure, with 'Attestation for ...' now active. The main content area is titled 'Attestation for Application' and includes an 'Add Deficiencies' button in the top right. It contains three required fields, each with an asterisk:

- ☐ I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certification
- Signature - Applicant: A text input field.
- Date: A date picker showing 'Oct 1, 2021'.

At the bottom, the same five buttons (Previous, Next, Save, Cancel, Withdraw) are present.

Figure - Attestation for Application tab

Clicking on 'next' button will display below screen.

Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the 'Military Provision' tab in the application system. At the top, a progress bar indicates the current step is 'Military Provision', with previous steps marked as complete. The main content area has a title 'Military Provision' and an 'Add Deficiencies' button. Below this is a question: 'Do you think qualify for a Military Provision?' followed by a dropdown menu currently set to '--None--'. A detailed paragraph explains that military service members or veterans may have met licensing requirements due to their service or training, and that military spouses of current, active duty members may also qualify. It notes that modifications to renewal requirements may be available for some active duty members. Below this, a note states that if the applicant selected 'yes' and is interested in applying under a military provision, they should contact specific programs via email. A bulleted list provides the following contact information: Nursing Facility Administrator (NFA_Licensing_Program@hhs.texas.gov), Nurse Aide Registry (NurseAideRegistry@hhs.texas.gov), and Medication Aide Program (Medication_Aide_Program@hhs.texas.gov). At the bottom, navigation buttons include 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure - Military Provision tab

Clicking on 'next' button will display below screen.

The screenshot shows the 'Documents' tab in the application system. The progress bar at the top indicates the current step is 'Documents'. The main content area has a heading: 'The applicant must upload the following document(s) for this application:' followed by a list of three required documents: 1.) Proof of the HSE qualification, 2.) A copy of Social Security Card, and 3.) Military person/Spouse supporting Documentation (for applicants who qualify for a Military Provision). A note instructs the user to use the 'Add Additional Attachment' button to attach any additional documents. To the right of this list is a blue button labeled '+ Add Additional Attachment'. Below the list, there are three distinct sections, each for one of the required documents. Each section includes a document icon, the document name, an 'Add Deficiency' button, a 'Delete' button, and an 'Upload Attachments' area with an 'Upload Files' button and a dashed box labeled 'Or drop files'. A red message 'This document is required' is displayed below each upload area. At the bottom, navigation buttons include 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure - Documents tab

This screen allows applicants to upload files or drag and drop files into pre-provided documents list.

To upload additional attachments, click on button 'Add Additional Attachment' to see below screen.


A screenshot of a web form titled "New Attachment". The form has a white background with a thin grey border. At the top, the title "New Attachment" is centered in a dark grey font. Below the title, there are two input fields. The first is labeled "* Name" in red text, followed by a white rectangular input box. The second is labeled "Description" in grey text, followed by a larger white rectangular input box with a small diagonal line icon in the bottom right corner. At the bottom right of the form, there are two buttons: a white "Cancel" button and a blue "Next" button.

Figure - Add new additional attachment page

Enter attachment name, description and click next to see below screen.


A screenshot of a web form titled "New Attachment". The form has a white background with a thin grey border. At the top, the title "New Attachment" is centered in a dark grey font. Below the title, there is a section labeled "* Upload Attachments" in red text. This section contains a dashed border box with a blue "Upload Files" button (with an upload icon) and the text "Or drop files". At the bottom right of the form, there are two buttons: a white "Cancel" button and a blue "Done" button.

Figure - Upload Attachment page

Upload attachment or drag and drop attachment and click on 'Done' button to return to documents tab or click on 'Cancel' button to cancel and go back to documents tab.

The screenshot shows the 'Documents' tab interface. It features three document upload sections:

- Copy of your Social Security Card:** Includes an 'Add Deficiency' button, a 'Delete' button, and a red message 'This document is required'.
- Military person/Spouse supporting Documentation:** Includes an 'Add Deficiency' button and a 'Delete' button.
- Additional Attachment:** Includes an 'Add Deficiency' button, a 'Delete' button, and a file named 'Test Upload.docx' with a 'Delete' link.

Each section has an 'Upload Attachments' area with an 'Upload Files' button and 'Or drop files' text. At the bottom, there are navigation buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure - Documents tab

Clicking on 'next' button will display below screen.

The screenshot shows the 'Deficiencies' tab interface. At the top, a progress bar indicates the status of various steps: 'Deficiencies' is the active step, followed by 'Summary', 'Payment', 'Payment 2', and 'Submit'. Below the progress bar, there are three deficiency items, each with a red error icon and a 'Go to Step' button:

- Error in Item: 3. Acknowledgement:** Description: 'Error On I Acknowledge that my NFA license has not been revoked in any state in United States.'
- Error in Item: 3. Acknowledgement:** Description: 'Error On I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application'
- Error in Item: 98. Documents:** Description: 'Error On Copy of your Social Security Card'

At the bottom, there are navigation buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure - Deficiencies tab

System will automatically display the deficiencies on this tab. Please review the deficiencies and click on 'Go to Step' button and system will automatically take you to the deficiency, address the deficiencies and come back to the 'Deficiencies' tab.

If you do not have any deficiencies to address, please click on 'next' button to proceed to below screen.

Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the 'Summary' tab of an application for a Nursing Facility Administrator (NFA) license in Texas. At the top left is the Texas Health and Human Services logo. A 'Print' button is in the top right. Below the logo is a table of applicant information. A progress bar at the bottom of the summary section shows steps from 'First Name' to 'Submit', with 'Summary' currently selected. Below the progress bar is a 'Review Information' section containing a 'Profile Acknowledgement' checkbox and a 'Personal Information' section with fields for First Name, Middle Name, and Last Name. At the bottom are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
New	First Name New	Name	5/1/2000	ohxe4k+8pr7l2408f@sharklasers.com	1234	Prospective	123456	Active	Prospective			Prospective	

Licensure Type: Nursing Facility Administrator (NFA)
Application Type: NFA License by HSE Qualification

Figure - Summary tab

Click on 'Print' button to print the application.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Payment' tab of the application. At the top is a progress bar with 'Payment' selected. Below is the 'APPLICATION DETAILS' section with fields for Application ID (RSLAN-0002840), Application Type (NFA License by HSE Qualification), Application Status (Payment Pending), and Application Date (Oct 1, 2021). Below this is the 'ONLINE PAYMENTS' section with a dropdown menu for selecting a payment type (ACH, Credit Card, Paper Check/Money Order). At the bottom are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure - Payment tab

If you do not qualify for military provision, you can pay for the application using one of the three available payment types

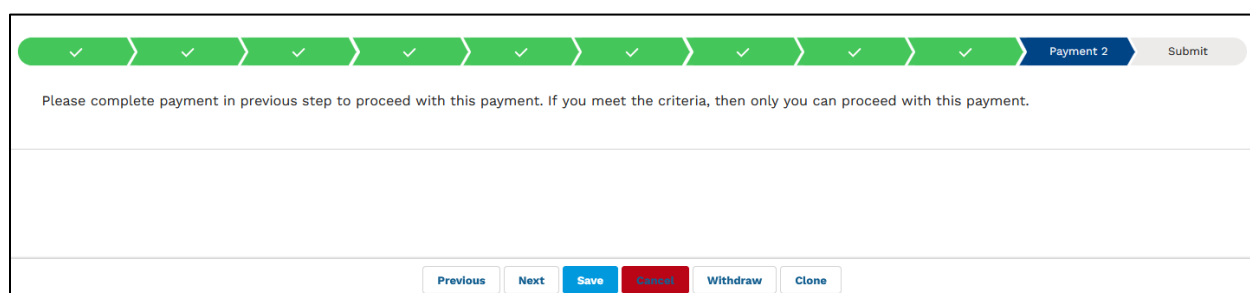
1. ACH
2. Credit Card
3. Paper Check/Money Order

Please refer to section [5.4. How to pay for applications?](#) for steps on how to make payment and return to application to submit the application.

Note: Second payment may be required for some applications, if your application requires second or additional payment you will get a notification from HHS.

To make second payment login to your account, open the application that requires second/additional payment and click on 'Payment 2' tab to see below tab.

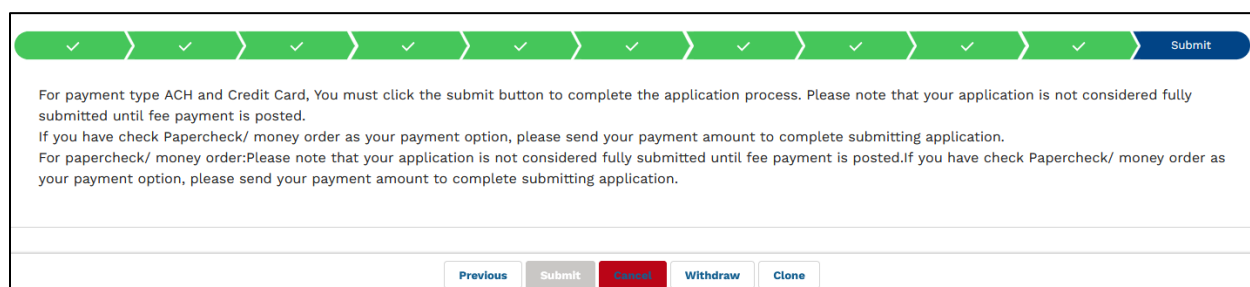
Please refer to section [5.4 How to pay for applications?](#) for steps on how to make payment and return to application to submit the application.



The screenshot shows a progress bar at the top with 11 green checkmarks and a blue 'Payment 2' tab. Below the progress bar, a message states: 'Please complete payment in previous step to proceed with this payment. If you meet the criteria, then only you can proceed with this payment.' At the bottom, there are buttons: 'Previous', 'Next', 'Save' (blue), 'Cancel' (red), 'Withdraw', and 'Clone'.

Figure - Payment tab

After you complete the payment, click on 'next' button to proceed to below screen.



The screenshot shows a progress bar at the top with 11 green checkmarks and a blue 'Submit' tab. Below the progress bar, a message states: 'For payment type ACH and Credit Card, You must click the submit button to complete the application process. Please note that your application is not considered fully submitted until fee payment is posted. If you have check Papercheck/ money order as your payment option, please send your payment amount to complete submitting application. For papercheck/ money order: Please note that your application is not considered fully submitted until fee payment is posted. If you have check Papercheck/ money order as your payment option, please send your payment amount to complete submitting application.' At the bottom, there are buttons: 'Previous', 'Submit' (blue), 'Cancel' (red), 'Withdraw', and 'Clone'.

Figure - Submit tab

Clicking on 'submit' button will display below confirmation screen with application number.

Note: 'Submit' button will be disabled if payment was not made.

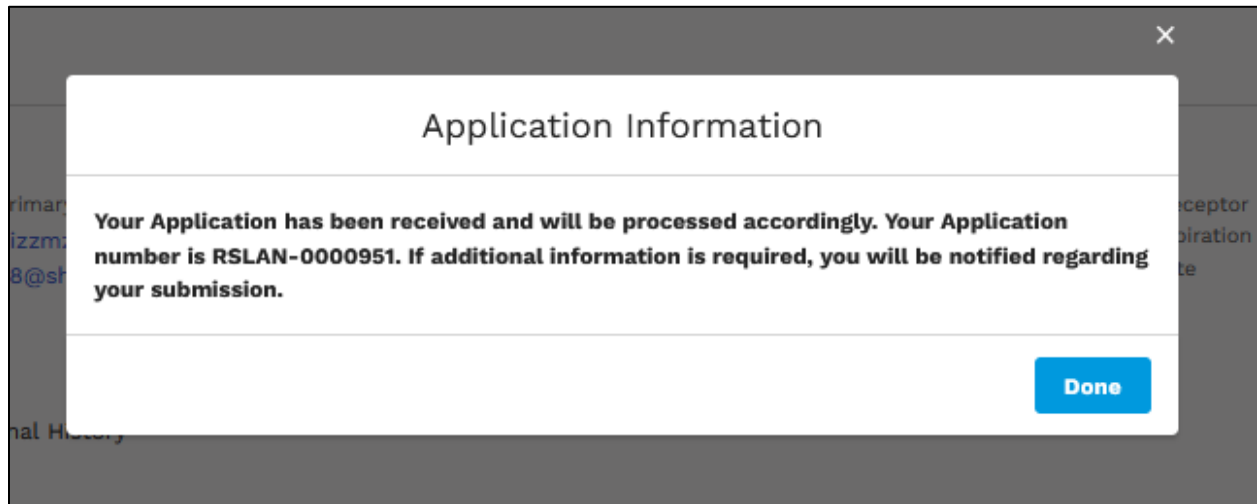


Figure - Confirmation tab

Click on 'Done' to exit to home page.

Your application has been successfully submitted!!!

4.4. NFA License for Military Spouse stationed in Texas Application

Please go to section [4. Nursing Facility Administrator Applications](#) for steps on how to get to below screen.

Note: This application is applicable to applicants who are prospects and who do not hold a professional license with state of Texas.

To create and submit this application, please follow below steps.

1. Select 'No' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'
2. Select 'No' for question 'Do you want to start a Name Change Application?'
3. Select 'Nursing Facility Administrator (NFA)' for question 'Please select a Licensure type to start an application'
4. Select 'Yes' for question 'Are you a military spouse with active Out-of-State License and Do you have a Texas Address?'
5. Select 'Nursing Facility Administrator License for Military Spouse stationed in Texas Application' for question 'Please select an application?'
6. Click 'Next' to view the application

Note: Fields marked with * are required.

After you click next, system will display below screen to review or edit your information.

Personal Information
Acknowledgement
Other State Verification
Attestation for Applic...
Documents
Deficiencies
Summary
Submit

Profile Acknowledgement
Add Deficiencies

☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

Personal Information
Add Deficiencies

First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

Next
Save
Cancel
Withdraw

Figure - Personal information tab

Please review the information and acknowledge by clicking the check box or click on the button 'click here' to update the information such as Gender, Phone Numbers, Mailing address and preferred method of communication.

Clicking on the link/button 'click here' will display below screen.

Profile Information

Profile Information

First Name
New

Middle Name
First Name New Middle Name New Last

Last Name
Name

SSN
123-45-1234

* Phone

Alternate Phone

* Address Line1

Address Line2

* City

* State

* ZipCode

* Method of Communication for Fingerprinting

Figure - Update Personal information page

Click on button 'save profile' to save the updates and go back to 'personal information' tab or click on 'cancel' button to exit to 'personal information' tab without saving the information.

The screenshot shows the 'Personal Information' tab selected in the top navigation bar. The tab is highlighted in blue. Below the navigation bar, there is a 'Profile Acknowledgement' section with a checkbox and text: 'To the best of my knowledge, all the personal information provided under this profile is correct.' Below this, a message states: 'Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.' Below the acknowledgement section is the 'Personal Information' form. The form contains the following fields and values:

Field	Value
First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

At the bottom of the form, there are four buttons: 'Next' (light blue), 'Save' (blue), 'Cancel' (red), and 'Withdraw' (light blue). There are also 'Add Deficiencies' buttons in the top right and middle right of the form sections.

Figure - Personal information tab

Click on 'next' button to proceed to next tab, 'save' button to save the information entered on this tab, 'cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it. Clicking on 'next' button will display below screen.

The screenshot shows the 'Acknowledgement' tab selected in the top navigation bar. The tab is highlighted in blue. Below the navigation bar, there is an 'Acknowledgement' section with a checkbox and text: 'I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application'. Below the acknowledgement section, there are four buttons: 'Previous' (light blue), 'Next' (light blue), 'Save' (blue), 'Cancel' (red), and 'Withdraw' (light blue). There is also an 'Add Deficiencies' button in the top right of the form section.

Figure - Acknowledgement tab

Click on 'previous' button to go to previous tab, 'next' button to proceed to next tab, 'save' button to save the information entered on this tab, 'cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'next' button will display below screen.

✓ ✓ Other State Verification Attestation for Applic... Documents Deficiencies Summary Submit

Add Deficiency

Instructions: Nurse Aides who are listed active on a registry in another state and are requesting to be placed on the Texas Nurse Aide Registry by reciprocity must meet eligibility requirements listed, per Texas Standards for Nurse Aides, §26 TAC 556.11(b)(1-5). No person listed as unemployable on the Employee Misconduct Registry (EMR) or who has been found to have a conviction of a criminal offense listed in Texas Health and Safety Code, §250.006, will be eligible for reciprocity. Chapter 250 and a list of convictions can be found at: statutes.legis.state.tx.us/Docs/HS/htm/HS.250.htm#00.

NFA Registry State	Other State NFA License Number	Date Issued	Expiry Date	Status	Action
--------------------	--------------------------------	-------------	-------------	--------	--------

+ Add Other State Certificate Information

Previous Next Save Cancel Withdraw

Figure - Other State Verification Tab Page 1

Click on the button 'Add Other State Verification Information' to add your other state certificate information.

✓

✓

Other State Verification

Attestation for Applic...

Documents

Deficiencies

Summary

Submit

Add Deficiency

Instructions: Nurse Aides who are listed active on a registry in another state and are requesting to be placed on the Texas Nurse Aide Registry by reciprocity must meet eligibility requirements listed, per Texas Standards for Nurse Aides, §26 TAC 556.11(b)(1-5). No person listed as unemployable on the Employee Misconduct Registry (EMR) or who has been found to have a conviction of a criminal offense listed in Texas Health and Safety Code, §250.006, will be eligible for reciprocity. Chapter 250 and a list of convictions can be found at: statutes.legis.state.tx.us/Docs/HS/htm/HS.250.htm#00.

NFA Registry State	Other State NFA License Number	Date Issued	Expiry Date	Status	Action
NFA Registry State	--None--				
Other State NFA License Number					
Date Issued					
Expiry Date					
Status	--None--				

Licensure Basis

☐ Exam

☐ Internship Completed

☐ Reciprocity

☐ Waiver

Comments (For initial licensure, list academic and internship requirements met.)

Disciplinary Action Taken by the Board, if applicable (Attach a copy of the action taken.)

Cancel

Save

Previous

Next

Save

Cancel

Withdraw

Figure - Other State Verification Tab Page 2

Clicking on 'save' button will save the record, clicking on 'cancel' button will not save the record and will take the user back to other state verification tab.

Clicking on 'save' button will display below screen.

Instructions: Nurse Aides who are listed active on a registry in another state and are requesting to be placed on the Texas Nurse Aide Registry by reciprocity must meet eligibility requirements listed, per Texas Standards for Nurse Aides, §26 TAC 556.11(b)(1-5). No person listed as unemployable on the Employee Misconduct Registry (EMR) or who has been found to have a conviction of a criminal offense listed in Texas Health and Safety Code, §250.006, will be eligible for reciprocity. Chapter 250 and a list of convictions can be found at: statutes.legis.state.tx.us/Docs/HS/htm/HS.250.htm#00.

NFA Registry State	Other State NFA License Number	Date Issued	Expiry Date	Status	Action
ALABAMA	123456	10/01/2021			Edit Delete

[+ Add Other State Certificate Information](#)

[Previous](#) [Next](#) [Save](#) [Cancel](#) [Withdraw](#)

Figure - Other State Verification Tab Page 3

Clicking on 'Edit' button next to the record will allow you to edit the record or clicking on 'Delete' button next to the record will allow you to delete the record.

Clicking on 'next' button will display below screen.

Attestation for Application [Add Deficiencies](#)

☐ I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certification

* Signature - Applicant

* Date

Oct 1, 2021

[Previous](#) [Next](#) [Save](#) [Cancel](#) [Withdraw](#)

Figure - Attestation for Application tab

Clicking on 'next' button will display below screen.

Please use the "Add Additional Attachment" button to attach any additional documents.

+ Add Additional Attachment

Copy of Social Security Card

Add Deficiency Delete

Upload Attachments

Upload Files Or drop files

This document is required

Proof of Texas residency

Add Deficiency Delete

Upload Attachments

Upload Files Or drop files

This document is required

A copy of applicant's military ID card

Add Deficiency Delete

Upload Attachments

Upload Files Or drop files

This document is required

Previous Next Save Cancel Withdraw

Figure - Documents tab

This screen allows applicants to upload files or drag and drop files into pre-provided documents list.

To upload additional attachments, click on button 'Add Additional Attachment' to see below screen.

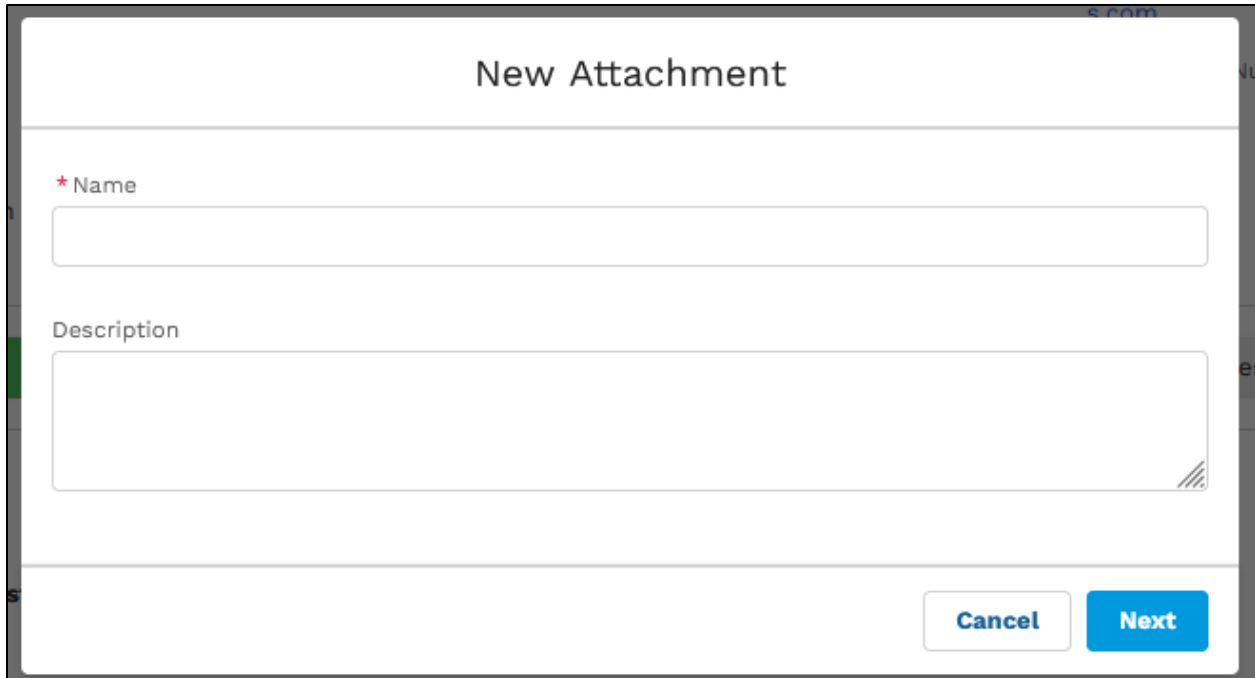
A screenshot of a web form titled "New Attachment". The form has two main input fields: "Name" with a red asterisk indicating it is required, and "Description". Below the description field, there are two buttons: "Cancel" and "Next". The "Next" button is highlighted in blue.

Figure - Add new additional attachment page

Enter attachment name, description and click next to see below screen.

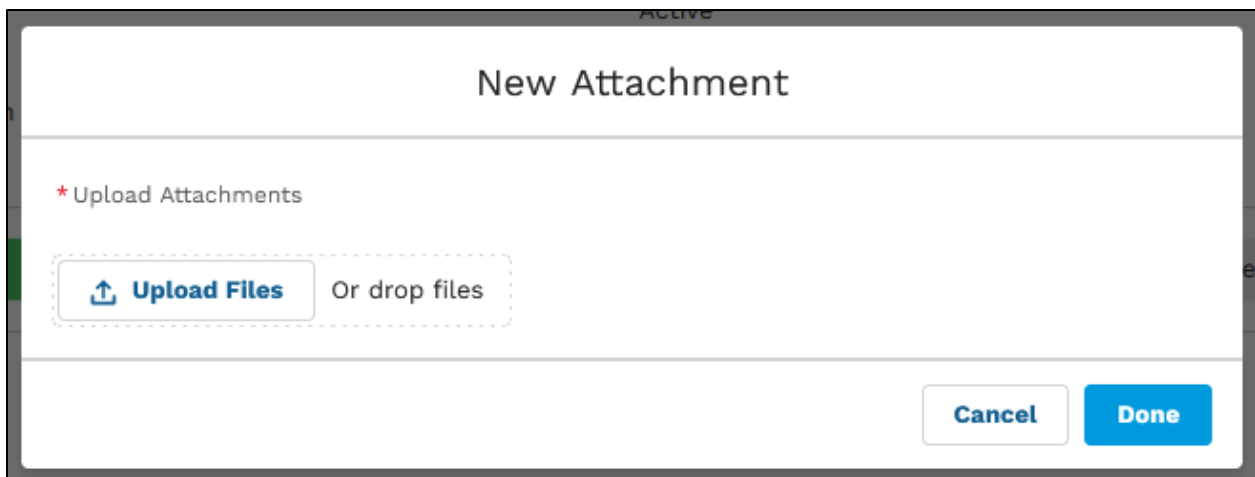
A screenshot of the same "New Attachment" form, but now showing the upload section. The "Name" and "Description" fields are no longer visible. Instead, there is a section titled "Upload Attachments" with a red asterisk. Below this, there is a dashed box containing an "Upload Files" button with an upward arrow icon and the text "Or drop files". At the bottom right, there are "Cancel" and "Done" buttons. The "Done" button is highlighted in blue.

Figure - Upload Attachment page

Upload attachment or drag and drop attachment and click on 'Done' button to return to documents tab or click on 'Cancel' button to cancel and go back to documents tab.

Additional Attachment Add Deficiency Delete

[Delete](#) [Test Upload.docx](#)

Copy of Social Security Card Add Deficiency Delete

Upload Attachments

[Upload Files](#) Or drop files

This document is required.

Notarized Copy of NAR Form 5513 (for RN/LVN student) Add Deficiency Delete

Upload Attachments

[Upload Files](#) Or drop files

Previous Next Cancel Save Withdraw

Figure - Documents tab

Clicking on 'next' button will display below screen.

✓ ✓ ✓ ✓ **Deficiencies** Summary Submit

Error in Item: 2. Profile Acknowledgement Go to Step

Description
Error On To the best of my knowledge, all the personal information provided under this profile is correct.

Error in Item: 3. Acknowledgement Go to Step

Description
Error On I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application

Error in Item: 5. Attestation for Application Go to Step

Description
Error On Signature - Applicant

Error in Item: 5. Attestation for Application Go to Step

Description
Error On I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my state

Previous Next Save Cancel Withdraw

Figure - Deficiencies tab

System will automatically display the deficiencies on this tab. Please review the deficiencies and click on 'Go to Step' button and system will automatically take you to the deficiency, address the deficiencies and come back to the 'Deficiencies' tab.

If you do not have any deficiencies to address, please click on 'next' button to proceed to below screen.

TEXAS Health and Human Services Print

Applicant Information

First Name New	Middle Name First Name New Middle Name New Last	Last Name Name	Date of Birth (DOB) 5/1/2000	Primary Email ohxe4k+8pr7l2408f0vk@sharklasers.com	NA Certificate Number 1234	NA Certificate Status Prospective	MA Permit Number 123456	MA Permit Status Active	Preceptor Status Prospective	Preceptor Status Achieved Date	NFA License Number	NFA License Status Prospective
-------------------	--	-------------------	---------------------------------	---	-------------------------------	--------------------------------------	----------------------------	----------------------------	---------------------------------	--------------------------------	--------------------	-----------------------------------

Licensure Type: Nursing Facility Administrator (NFA) Application Type: NFA - Military Spouse

Progress: 7 steps completed, 8th step (Summary) active.

Review Information

Profile Acknowledgement

☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Personal Information

First Name: New
Middle Name: New
First Name New Middle Name New Last
Last Name: Name
Date of Birth: 5/1/2000
SSN: 123-45-1234
Gender: Male

Buttons: Previous, Next, Save, Cancel, Withdraw

Figure - Summary tab

Click on 'Print' button to print the application.

Clicking on 'next' button will display below screen.

Progress: 7 steps completed, 8th step (Submit) active.

You must click the submit button to complete the application process. Please note that your application is not considered fully submitted until fee payment is posted.

Buttons: Previous, Submit, Cancel, Withdraw

Figure - Submit tab

Clicking on 'submit' button will display below confirmation screen with application number.

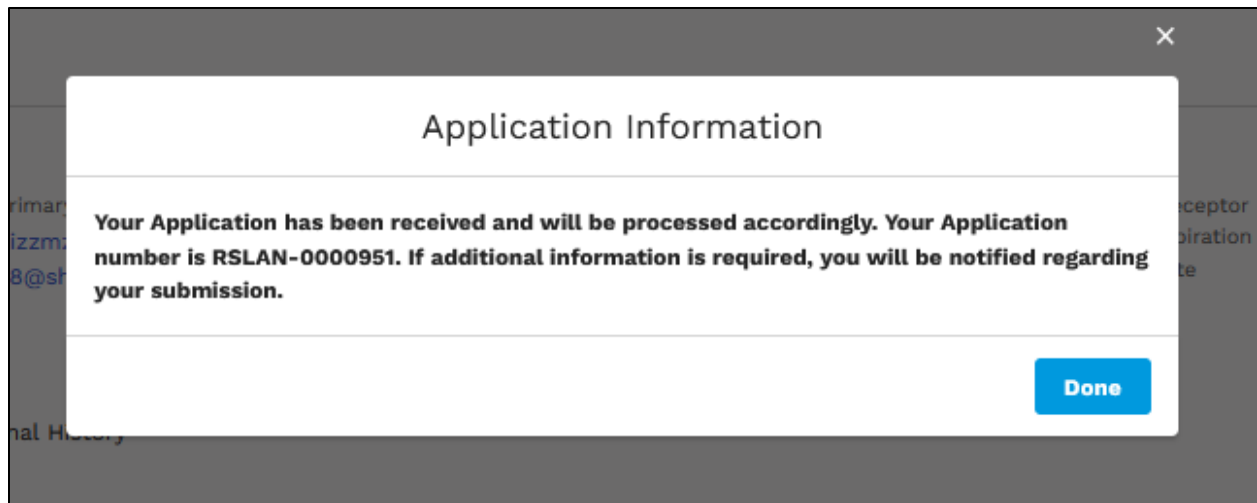


Figure – Confirmation message

Click on 'Done' to exit to home page.

Your application has been successfully submitted!!!

4.5. Request for Entry on the Texas NA Registry Through Reciprocity/ Reciprocity Application

Please go to section [4. Nursing Facility Administrator Applications](#) for steps on how to get to below screen.

Note: This application is applicable to applicants who are prospects and who do not hold a professional license with state of Texas.

Request for entry on the Texas NA registry through reciprocity

To create and submit request for entry on the Texas NA registry through reciprocity application, please follow below steps.

1. Select 'No' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'
2. Select 'No' for question 'Do you want to start a Name Change Application?'
3. Select 'Nursing Facility Administrator (NFA)' for question 'Please select a Licensure type to start an application'
4. Select 'Yes' for question 'Are you a military spouse with active Out-of-State License and Do you have a Texas Address?'
5. Select 'Request for Entry on the Texas Nurse Aide Registry Through Reciprocity' for question 'Please select an application?'
6. Click 'Next' to view the application

Reciprocity Application

- If you do not hold a license with state of Texas see '**Note 1**' below.
- If your license is '**Expired**', please see '**Note 2**' below.

Note 1: This application is applicable to applicants who are prospects and who do not hold a professional license with state of Texas.

To create and submit this application, please follow below steps.

1. Select 'No' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'
2. Select 'No' for question 'Do you want to start a Name Change Application?'
3. Select 'Nursing Facility Administrator (NFA)' for question 'Please select a Licensure type to start an application'
4. Select 'No' for question 'Are you a military spouse with active Out-of-State License and Do you have a Texas Address?'
5. Select 'No' for question 'Are you HSE Certified?'
6. Select 'Yes' for question 'Do you have an active Out-of-State License and want to pursue reciprocity?'
7. Select 'No' for question 'Do you have 2 years of NFA Employment?'
8. Select 'Reciprocity Application' for question 'Please select an application?'
9. Click 'Next' to view the application

Note 2: This application is applicable to applicants who are licensed but whose professional license with state of Texas is 'Expired'.

To create and submit this application, please follow below steps.

1. Select 'No' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'
2. Select 'No' for question 'Do you want to start a Name Change Application?'
3. Select 'Nursing Facility Administrator (NFA)' for question 'Please select a Licensure type to start an application'
4. Select 'No' for question 'Do you have Active Out- of State License?'

5. Select 'Reciprocity Application' for question 'Please select an application?'
6. Click 'Next' to view the application

Note: Fields marked with * are required.

After you click next, system will display below screen to review or edit your information.

Personal Information	
First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

Figure - Personal information tab

Please review the information and acknowledge by clicking the check box or click on the button 'click here' to update the information such as Gender, Phone Numbers, Mailing address and preferred method of communication.

Clicking on the link/button 'click here' will display below screen.

The screenshot shows a web application window with a modal titled "Profile Information". The modal contains the following fields and values:

- First Name:** New
- Middle Name:** First Name New Middle Name New Last
- Last Name:** Name
- SSN:** 123-45-1234
- * Phone:** 1111111111
- Alternate Phone:** 2222222223
- * Address Line1:** TEST new
- Address Line2:** 1001
- * City:** newyork1
- * State:** TN
- * ZipCode:** 12345-1164
- * Method of Communication for Fingerprinting:** Email

At the bottom right of the modal, there are two buttons: "Save Profile" and "Cancel". Below the modal, there are several buttons: "Next", "Previous", "Save", and "Withdraw".

Figure - Update Personal information page

Click on button 'save profile' to save the updates and go back to 'personal information' tab or click on 'cancel' button to exit to 'personal information' tab without saving the information.

Personal Information

First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

Buttons: Previous, Next, Save, Cancel, Withdraw

Figure - Personal information tab

Click on 'next' button to proceed to next tab, 'save' button to save the information entered on this tab, 'cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Acknowledgement' tab in a multi-step application process. The top navigation bar includes tabs: Acknowledgement (active), Attestation for ..., Military Provision, Documents, Deficiencies, Summary, Payment, Payment 2, and Submit. The main content area is titled 'Acknowledgement' and contains two required checkboxes, each with an asterisk:

- ☐ I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application
- ☐ I Acknowledge that my NFA license has not been revoked in any state in United States.

An 'Add Deficiencies' button is located in the top right corner. At the bottom, there are five buttons: Previous, Next, Save, Cancel, and Withdraw.

Figure - Acknowledgement tab

Click on 'previous' button to go to previous tab, 'next' button to proceed to next tab, 'save' button to save the information entered on this tab, 'cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Attestation for Application' tab. The top navigation bar is the same as the previous figure, with 'Attestation for ...' now active. The main content area is titled 'Attestation for Application' and includes an 'Add Deficiencies' button in the top right. It contains three required fields, each with an asterisk:

- ☐ I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certification
- Signature - Applicant (text input field)
- Date (calendar icon, showing Oct 1, 2021)

At the bottom, the same five buttons (Previous, Next, Save, Cancel, Withdraw) are present.

Figure - Attestation for Application tab

Clicking on 'next' button will display below screen.

Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the 'Military Provision' tab in the NFA Licensing system. At the top, a progress bar indicates the current step is 'Military Provision', with previous steps marked as complete. The main content area includes a question: 'Do you think qualify for a Military Provision?' with a dropdown menu currently set to '--None--'. Below this, there is explanatory text about military service members and veterans. A list of contact information is provided for those interested in applying under a military provision. At the bottom, there are navigation buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Military Provision

Do you think qualify for a Military Provision?

--None--

Military service members or veterans may have met some licensing requirements as a result of their military service or other training, knowledge and experience. Military spouses of current, active duty military service members also may have met some licensing requirements related to this status. Modifications to renewal requirements may also be available for some military service members on active duty.

If you selected yes and are interested in applying under a military provision, please contact the following programs via email to see if you meet requirements:

- Nursing Facility Administrator, NFA_Licensing_Program@hhs.texas.gov
- Nurse Aide Registry, NurseAideRegistry@hhs.texas.gov
- Medication Aide Program, Medication_Aide_Program@hhs.texas.gov

Previous Next Save Cancel Withdraw

Figure - Military Provision tab

Clicking on 'next' button will display below screen.

The screenshot shows the 'Documents' tab in the NFA Licensing system. At the top, a progress bar indicates the current step is 'Documents'. The main content area includes a list of required documents with instructions on how to upload them. Each document entry has an 'Add Deficiency' button and a 'Delete' button. At the bottom, there are navigation buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Please use the "Add Additional Attachment" button to attach any additional documents.

1. Notarized NFA Reciprocity Licensure Questionnaire Form 5535 Please [click here](#) to download the Form 5535.
2. A copy of Social Security Card.
3. Military person/Spouse supporting Documentation (for applicants who qualify for a Military Provision)

+ Add Additional Attachment

Copy of your Social Security Card

Upload Attachments

Upload Files Or drop files

This document is required

Military person/Spouse supporting Documentation

Upload Attachments

Upload Files Or drop files

Notarized NFA Reciprocity Licensure Questionnaire Form 5535

Upload Attachments

Upload Files Or drop files

This document is required

Previous Next Save Cancel Withdraw

Figure - Documents tab

This screen allows applicants to upload files or drag and drop files into pre-provided documents list.

To upload additional attachments, click on button 'Add Additional Attachment' to see below screen.

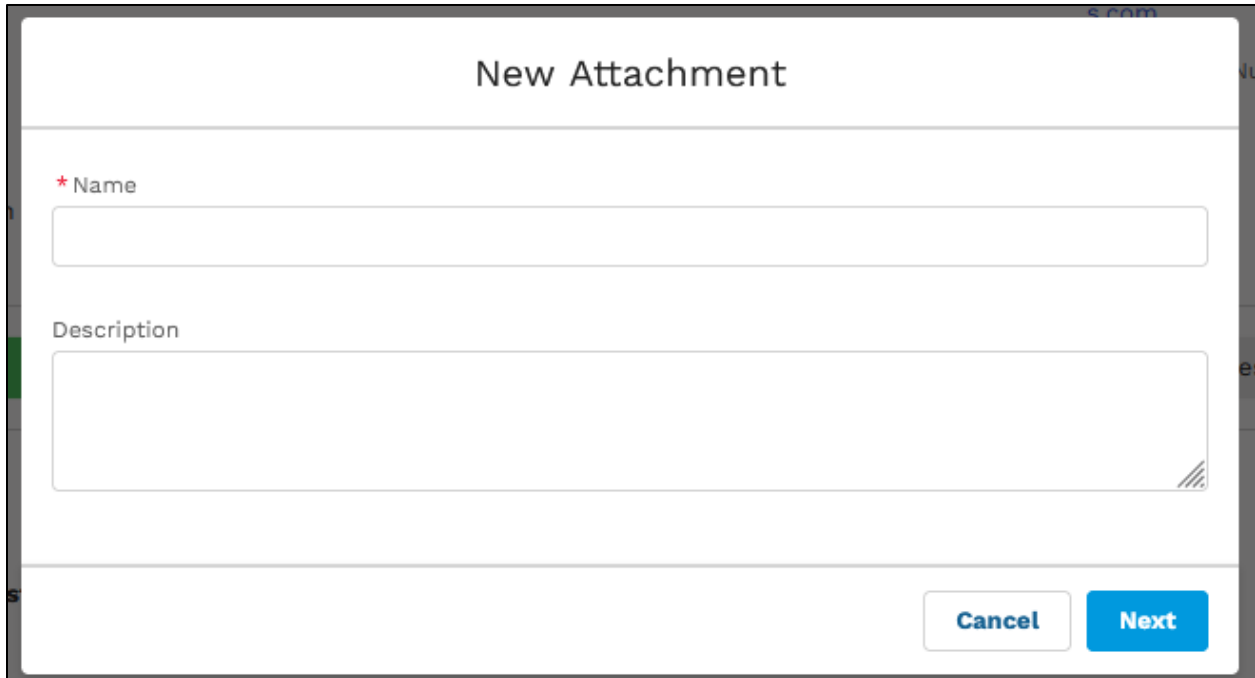
A screenshot of a web form titled "New Attachment". The form has two main input fields: "Name" with a red asterisk indicating it is required, and "Description". Below these fields are two buttons: "Cancel" and "Next". The "Next" button is highlighted in blue. The form is enclosed in a light gray border.

Figure - Add new additional attachment page

Enter attachment name, description and click next to see below screen.

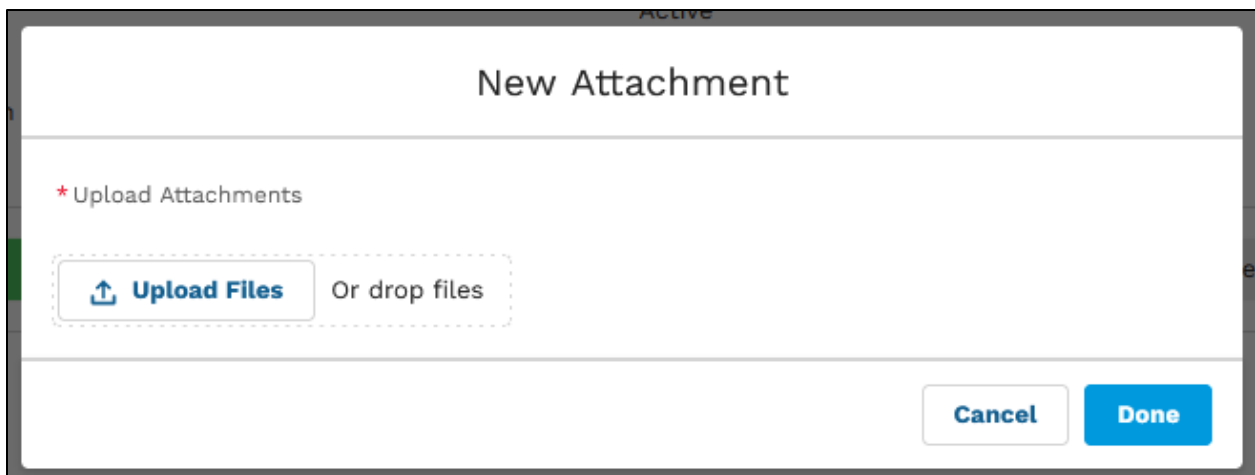
A screenshot of a web form titled "New Attachment". The form has a section labeled "Upload Attachments" with a red asterisk. Below this label is a dashed box containing an "Upload Files" button with an upward arrow icon and the text "Or drop files". At the bottom right of the form are two buttons: "Cancel" and "Done". The "Done" button is highlighted in blue. The form is enclosed in a light gray border.

Figure - Upload Attachment page

Upload attachment or drag and drop attachment and click on 'Done' button to return to documents tab or click on 'Cancel' button to cancel and go back to documents tab.

The screenshot shows the 'Documents' tab of the NFA licensing application system. It features three main sections for document uploads:

- Copy of your Social Security Card:** Includes an 'Add Deficiency' button, a 'Delete' button, and a red message stating 'This document is required'.
- Military person/Spouse supporting Documentation:** Includes an 'Add Deficiency' button and a 'Delete' button.
- Additional Attachment:** Includes an 'Add Deficiency' button, a 'Delete' button, and a file named 'Test Upload.docx' with a 'Delete' link.

Each section has an 'Upload Attachments' area with an 'Upload Files' button and a dashed box for 'Or drop files'. At the bottom, there are navigation buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure - Documents tab

Clicking on 'next' button will display below screen.

The screenshot shows the 'Deficiencies' tab of the NFA licensing application system. It features a progress bar at the top with steps: Acknowledgement, Summary, Payment, Payment 2, and Submit. The 'Deficiencies' step is currently active.

Below the progress bar, there are three deficiency items, each with a red 'X' icon and a 'Go to Step' button:

- Error in Item: 3. Acknowledgement:** Description: 'Error On I Acknowledge that my NFA license has not been revoked in any state in United States.'
- Error in Item: 3. Acknowledgement:** Description: 'Error On I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application'
- Error in Item: 98. Documents:** Description: 'Error On Copy of your Social Security Card'

At the bottom, there are navigation buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure - Deficiencies tab

System will automatically display the deficiencies on this tab. Please review the deficiencies and click on 'Go to Step' button and system will automatically take you to the deficiency, address the deficiencies and come back to the 'Deficiencies' tab.

If you do not have any deficiencies to address, please click on 'next' button to proceed to below screen.

TEXAS Health and Human Services

Applicant Information

First Name	Middle Name	Last Name	Date of Birth	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
New	First Name New	Name	(DOB)	ohxe4k+8pr7l2408f 0vk@sharklasers.com	1234	Prospective	123456	Active	Prospective			Prospective	

Licensure Type: Nursing Facility Administrator (NFA)
Application Type: Nursing Facility Administrator Reciprocity Application

Progress Bar: Summary (Active), Payment, Payment 2, Submit

Review Information

Profile Acknowledgement

To the best of my knowledge, all the personal information provided under this profile is correct.

☐

Personal Information

First Name: New
Middle Name:
First Name New Middle Name New Last

Buttons: Previous, Next, Save, Cancel, Withdraw

Figure - Summary tab

Click on 'Print' button to print the application.

Clicking on 'next' button will display below screen.

Progress Bar: Payment (Active), Payment 2, Submit

APPLICATION DETAILS

Application ID: RSLAN-0002842
Application Type: Nursing Facility Administrator Reciprocity Application
Application Status: Payment Pending
Application Date: Oct 1, 2021

ONLINE PAYMENTS

--Select a Payment Type--
ACH
Credit Card
Paper Check/Money Order
--Select a Payment Type--

Buttons: Previous, Next, Save, Cancel, Withdraw

Figure - Payment tab

If you do not qualify for military provision, you can pay for the application using one of the three available payment types

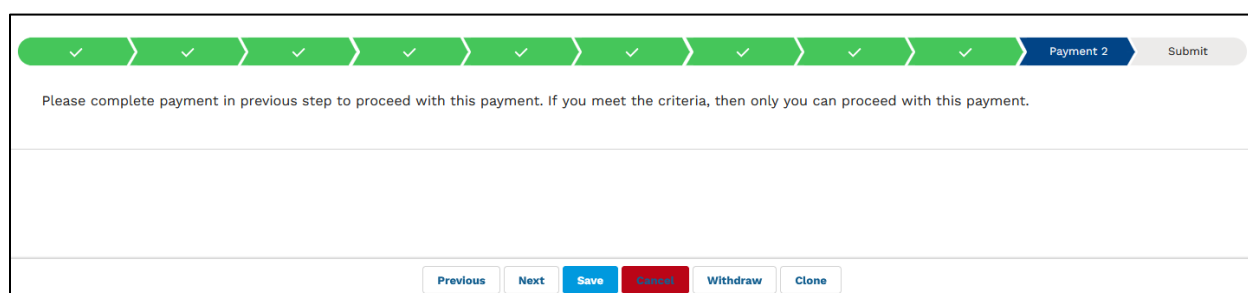
1. ACH
2. Credit Card
3. Paper Check/Money Order

Please refer to section [5.4. How to pay for applications?](#) for steps on how to make payment and return to application to submit the application.

Note: Second payment may be required for some applications, if your application requires second or additional payment you will get a notification from HHS.

To make second payment login to your account, open the application that requires second/additional payment and click on 'Payment 2' tab to see below tab.

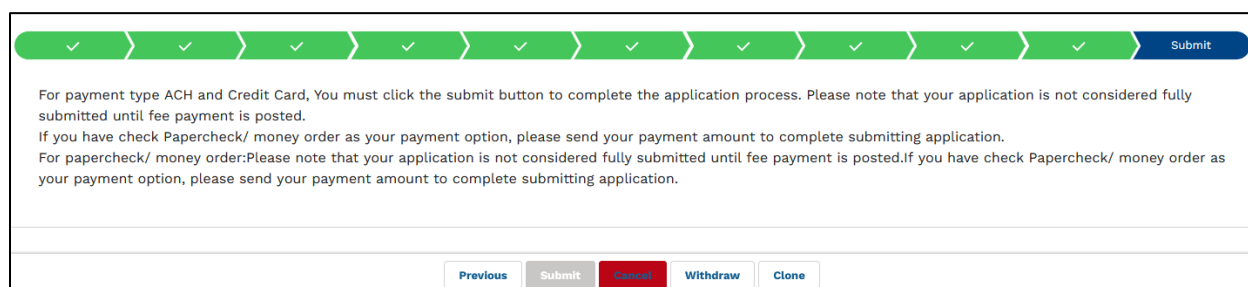
Please refer to section [5.4. How to pay for applications?](#) for steps on how to make payment and return to application to submit the application.



The screenshot shows a progress bar at the top with 11 green checkmarks and a blue 'Payment 2' tab. Below the progress bar, a message states: 'Please complete payment in previous step to proceed with this payment. If you meet the criteria, then only you can proceed with this payment.' At the bottom, there are buttons: 'Previous', 'Next', 'Save' (blue), 'Cancel' (red), 'Withdraw', and 'Clone'.

Figure - Payment tab

After you complete the payment, click on 'next' button to proceed to below screen.



The screenshot shows a progress bar at the top with 11 green checkmarks and a blue 'Submit' tab. Below the progress bar, a message states: 'For payment type ACH and Credit Card, You must click the submit button to complete the application process. Please note that your application is not considered fully submitted until fee payment is posted. If you have check Papercheck/ money order as your payment option, please send your payment amount to complete submitting application. For papercheck/ money order: Please note that your application is not considered fully submitted until fee payment is posted. If you have check Papercheck/ money order as your payment option, please send your payment amount to complete submitting application.' At the bottom, there are buttons: 'Previous', 'Submit' (blue), 'Cancel' (red), 'Withdraw', and 'Clone'.

Figure - Submit tab

Clicking on 'submit' button will display below confirmation screen with application number.

Note: 'Submit' button will be disabled if payment was not made.

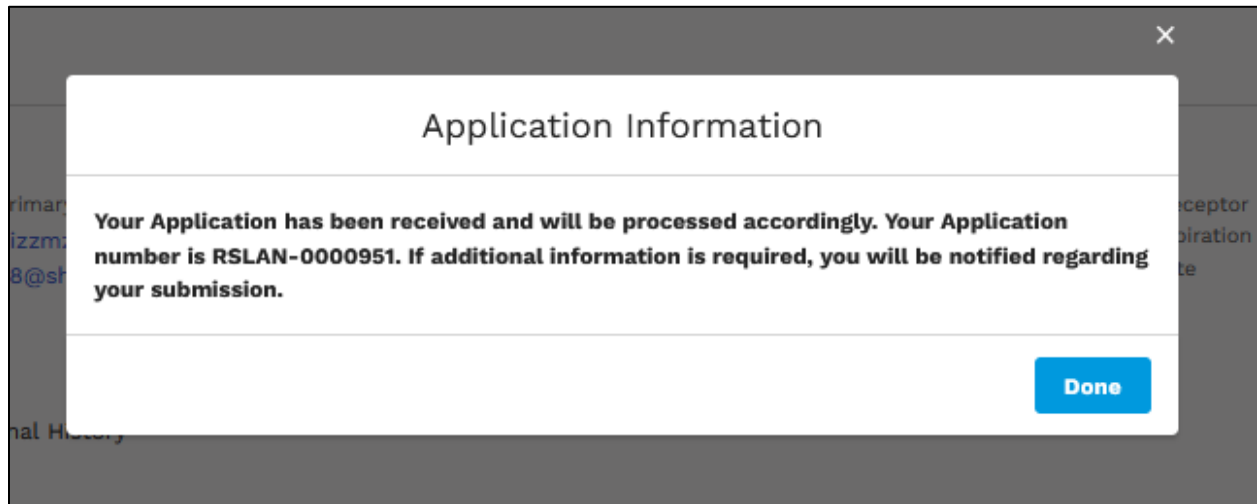


Figure - Confirmation tab

Click on 'Done' to exit to home page.

Your application has been successfully submitted!!!

4.6. Provisional License Application

Please go to section [4. Nursing Facility Administrator Applications](#) for steps on how to get to below screen.

Note: This application is applicable to applicants who are prospects and who do not hold a professional license with state of Texas.

To create and submit this application, please follow below steps.

1. Select 'No' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'
2. Select 'No' for question 'Do you want to start a Name Change Application?'
3. Select 'Nursing Facility Administrator (NFA)' for question 'Please select a Licensure type to start an application'
4. Select 'No' for question 'Are you a military spouse with active Out-of-State License and Do you have a Texas Address?'
5. Select 'No' for question 'Are you HSE Certified?'
6. Select 'Yes' for question 'Do you have an active Out-of-State License and want to pursue reciprocity?'
7. Select 'Yes' for question 'Do you have 2 years of NFA Employment?'
8. Select 'Provisional License Application' for question 'Please select an application?'
9. Click 'Next' to view the application

Note: Fields marked with * are required.

After you click next, system will display below screen to review or edit your information.

Personal Infor...
Acknowledge...
Work History
Attestation fo...
Military Provis...
Documents
Deficiencies
Summary
Payment
Payment 2
Submit

Profile Acknowledgement
Add Deficiencies

☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

Personal Information
Add Deficiencies

First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

Previous
Next
Save
Cancel
Withdraw

Figure - Personal information tab

Please review the information and acknowledge by clicking the check box or click on the button 'click here' to update the information such as Gender, Phone Numbers, Mailing address and preferred method of communication.

Clicking on the link/button 'click here' will display below screen.

Profile Information

Profile Information

First Name
New

Middle Name
First Name New Middle Name New Last

Last Name
Name

SSN
123-45-1234

* Phone

Alternate Phone

* Address Line1

Address Line2

* City

* State

* ZipCode

* Method of Communication for Fingerprinting

Figure - Update Personal information page

Click on button 'save profile' to save the updates and go back to 'personal information' tab or click on 'cancel' button to exit to 'personal information' tab without saving the information.

Personal Information

First Name: New

Middle Name: First Name New Middle Name New Last

Last Name: Name

Date of Birth (DOB): 5/1/2000

SSN: 123-45-1234

Gender: Male

Phone: (111) 111-1111

Alternate Phone: (222) 222-2223

Primary Email: ohxe4k+8pr7l2408f0vk@sharklasers.com

Address Line1: TEST new

Address Line2: 1001

City: newyork1

State: TN

ZipCode: 12345-1164

Method of Communication (Fingerprinting): Email

Buttons: Previous, Next, Save, Cancel, Withdraw

Figure - Personal information tab

Click on 'next' button to proceed to next tab, 'save' button to save the information entered on this tab, 'cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Acknowledgement' tab in a multi-step application process. The top navigation bar includes tabs: Acknowledge... (active), Work History, Attestation fo..., Military Provis..., Documents, Deficiencies, Summary, Payment, Payment 2, and Submit. The Acknowledgement section contains three required checkboxes, each with a red asterisk:

- ☐ I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application.
- ☐ I understand that I must complete form 5518-NFA, have it notarized and submit to the NFA licensing program address listed at the bottom of the form.
- ☐ I understand that the state I'm previously licensed in will provide my official NAB exam score on form 5518.

An 'Add Deficiencies' button is located in the top right corner. At the bottom, there are five buttons: Previous, Next, Save, Cancel, and Withdraw.

Figure - Acknowledgement tab

Click on 'previous' button to go to previous tab, 'next' button to proceed to next tab, 'save' button to save the information entered on this tab, 'cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Work History' tab in the application process. The top navigation bar is the same as the previous tab, but 'Work History' is now active. Below the navigation bar, there is a table with the following headers: Employer Name, City, Employment Start Date, Employment End Date, Employment Approval Status, Job Title, and Delete. Below the table is a button labeled '+ Add Work History'. At the bottom, there are five buttons: Previous, Next, Save, Cancel, and Withdraw.

Figure - Work History Details tab

Click on the button 'Add work history' to add your work history.

Add Work History

***HHSC Vendor/Facility Id**

*** Employer Name**

Business Type ⓘ

Employer Phone Number

Is this your current Occupation? ⓘ

☐

*** Employment Start Date**

*** Employment End Date**

Job Title

Were you a Nursing Facility Administrator there?

Mailing Address Line 1

Mailing Address Line 2

Mailing Zipcode

Search

--None--

☐

📅

📅

--None--

Cancel

Save

Figure - Add Work History page

Clicking on 'save' button will save the record, clicking on 'cancel' button will not save the record and will take the user back to work history tab.

Clicking on 'save' button will display below screen.

The screenshot shows the 'Work History' tab selected in a breadcrumb navigation bar. Below the navigation bar is a table with columns: Employer Name, City, Employment Start Date, Employment End Date, Employment Approval Status, Job Title, and Delete. A single record is displayed for 'Nursing Facility' with a start date of '10/01/2021' and an approval status of 'Open'. A '+ Add Work History' button is located below the table. At the bottom of the screen are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Employer Name	City	Employment Start Date	Employment End Date	Employment Approval Status	Job Title	Delete
Nursing Facility		10/01/2021		Open		

Figure - Work History Details tab

Clicking on 'employer name' will allow you to edit the record or clicking on 'Delete' button next to the record will allow you to delete the record.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Attestation for Application' tab selected in the breadcrumb navigation bar. The main content area contains an acknowledgment checkbox, a signature field, and a date field. The acknowledgment text states: 'I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certification'. The signature field is labeled '* Signature - Applicant' and the date field is labeled '* Date' with a calendar icon. At the bottom of the screen are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Attestation for Application

☐ I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certification

* Signature - Applicant

* Date

Oct 1, 2021

Figure - Attestation for Application tab

Clicking on 'next' button will display below screen.

The screenshot shows the 'Military Provision' tab in a web application. At the top, a navigation bar contains several tabs: a series of green tabs with checkmarks, followed by 'Military Provis...', 'Documents', 'Deficiencies', 'Summary', 'Payment', 'Payment 2', and 'Submit'. The 'Military Provis...' tab is currently selected and highlighted in blue. Below the navigation bar, the main content area is titled 'Military Provision' and includes an 'Add Deficiencies' button. A question is posed: 'Do you think qualify for a Military Provision?'. Below this question is a dropdown menu with 'No' selected. A paragraph of text explains that military service members or veterans may have met some licensing requirements as a result of their military service or other training, knowledge and experience. It also mentions that military spouses of current, active duty military service members may have met some licensing requirements related to this status. Modifications to renewal requirements may also be available for some military service members on active duty. Below this text, a note states: 'If you selected yes and are interested in applying under a military provision, please contact the following programs via email to see if you meet requirements:'. A bulleted list follows, providing contact information for three programs: Nursing Facility Administrator (NFA_Licensing_Program@hhs.texas.gov), Nurse Aide Registry (NurseAideRegistry@hhs.texas.gov), and Medication Aide Program (Medication_Aide_Program@hhs.texas.gov). At the bottom of the form, there are five buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Military Provision [Add Deficiencies](#)

Do you think qualify for a Military Provision?

☐ No

Military service members or veterans may have met some licensing requirements as a result of their military service or other training, knowledge and experience. Military spouses of current, active duty military service members also may have met some licensing requirements related to this status. Modifications to renewal requirements may also be available for some military service members on active duty.

If you selected yes and are interested in applying under a military provision, please contact the following programs via email to see if you meet requirements:

- Nursing Facility Administrator, NFA_Licensing_Program@hhs.texas.gov
- Nurse Aide Registry, NurseAideRegistry@hhs.texas.gov
- Medication Aide Program, Medication_Aide_Program@hhs.texas.gov

[Previous](#) [Next](#) [Save](#) [Cancel](#) [Withdraw](#)

Figure - Military Provision tab

Clicking on 'next' button will display below screen.

The applicant must upload the following document(s) for this application:

[+ Add Additional Attachment](#)

Notarized NFA Program Provisional Licensure Questionnaire Form 5518-NFA. Please [click here](#) to download Form 5518-NFA

A copy of Social Security Card

Military person/Spouse supporting Documentation (for applicants who qualify for a Military Provision)

Please use "Add Additional Attachment" button to attach any additional documents.

Military person/Spouse supporting Documentation [Add Deficiency](#) [Delete](#)

Upload Attachments

[Upload Files](#) Or drop files

NFA Provisional License [Add Deficiency](#) [Delete](#)

Upload Attachments

[Upload Files](#) Or drop files

Notarized Copy of Form 5518-NFA, NFA Program Provisional Licensure Questionnaire [Add Deficiency](#) [Delete](#)

Upload Attachments

[Upload Files](#) Or drop files

This document is required

Copy of Social Security Card [Add Deficiency](#) [Delete](#)

Upload Attachments

[Upload Files](#) Or drop files

This document is required

[Previous](#) [Next](#) [Save](#) [Cancel](#) [Withdraw](#)

Figure - Documents tab

This screen allows applicants to upload files or drag and drop files into pre-provided documents list.

To upload additional attachments, click on button 'Add Additional Attachment' to see below screen.

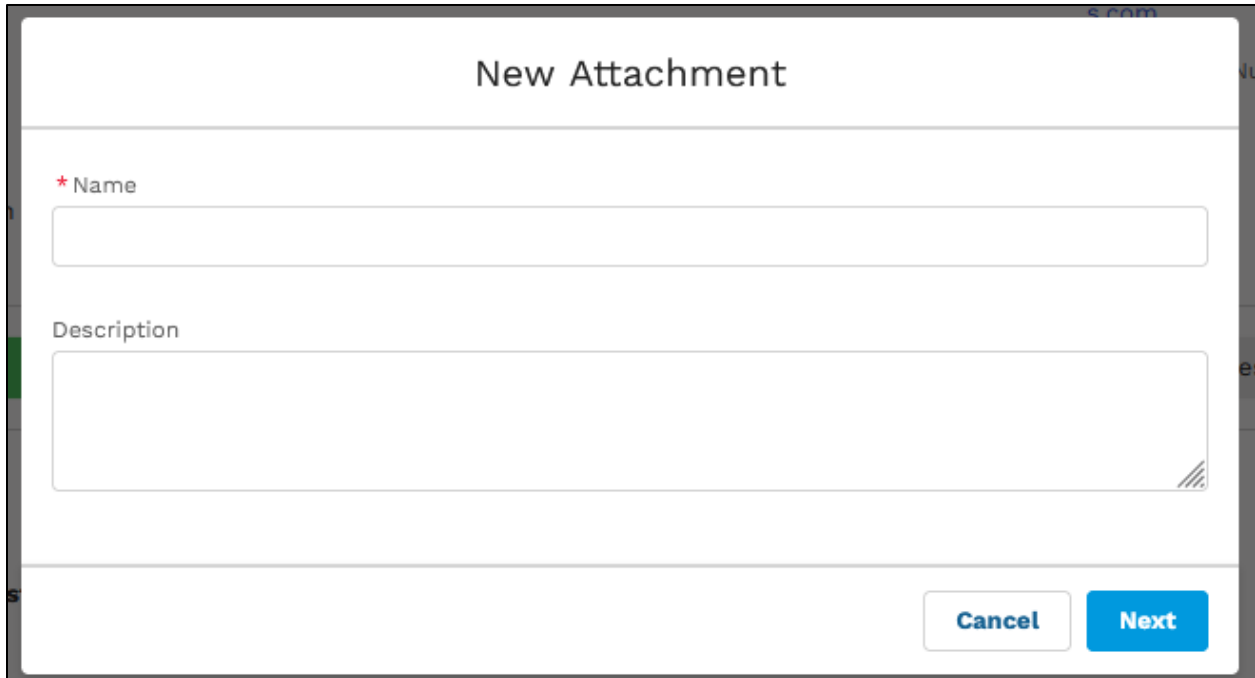
A screenshot of a web form titled "New Attachment". The form has two input fields: "Name" with a red asterisk indicating it is required, and "Description". Below the fields are two buttons: "Cancel" and "Next". The "Next" button is highlighted in blue.

Figure - Add new additional attachment page

Enter attachment name, description and click next to see below screen.

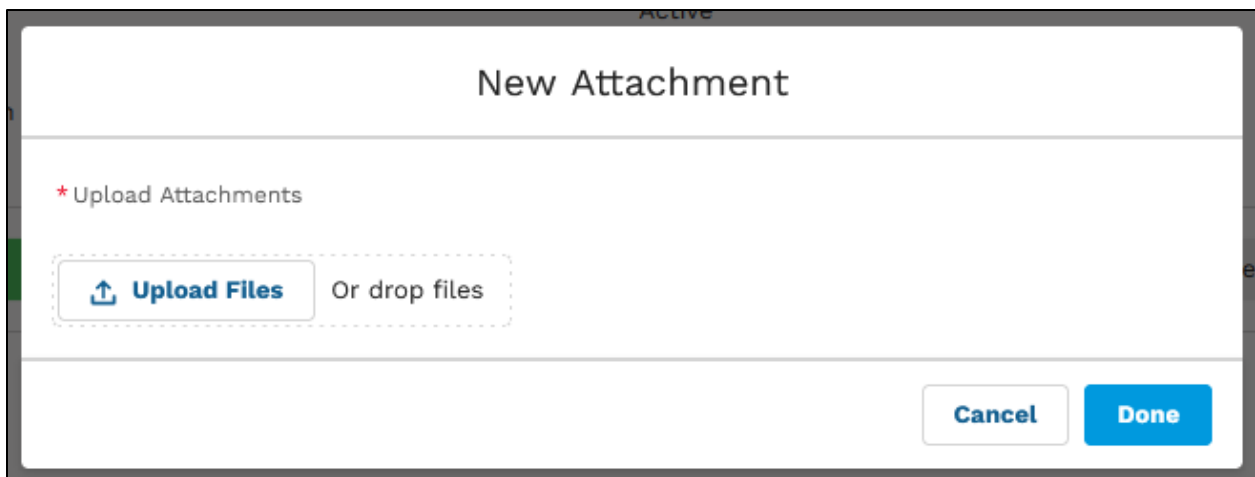
A screenshot of a web form titled "New Attachment". The form has a section labeled "Upload Attachments" with a red asterisk indicating it is required. Below this section is a button labeled "Upload Files" with an upward arrow icon, and the text "Or drop files". Below the upload section are two buttons: "Cancel" and "Done". The "Done" button is highlighted in blue.

Figure - Upload Attachment page

Upload attachment or drag and drop attachment and click on 'Done' button to return to documents tab or click on 'Cancel' button to cancel and go back to documents tab.

Clicking on 'next' button will display below screen.

The screenshot displays the 'Deficiencies' tab in a web application. At the top, a progress bar shows seven green checkmarks followed by the 'Deficiencies' tab, which is highlighted in blue. To the right of 'Deficiencies' are tabs for 'Summary', 'Payment', 'Payment 2', and 'Submit'. Below the progress bar, there are three error items, each with a red circle icon containing a white 'X'.

- Error in Item: 2. Profile Acknowledgement**
Description: **Error On To the best of my knowledge, all the personal information provided under this profile is correct.**
[Go to Step](#)
- Error in Item: 5. Attestation for Application**
Description: **Error On Signature - Applicant**
[Go to Step](#)
- Error in Item: 5. Attestation for Application**
Description: **Error On I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my state**
[Go to Step](#)


At the bottom of the screen, there is a navigation bar with five buttons: 'Previous', 'Next', 'Save' (highlighted in blue), 'Cancel' (highlighted in red), and 'Withdraw'.

Figure - Deficiencies tab

System will automatically display the deficiencies on this tab. Please review the deficiencies and click on 'Go to Step' button and system will automatically take you to the deficiency, address the deficiencies and come back to the 'Deficiencies' tab.

If you do not have any deficiencies to address, please click on 'next' button to proceed to below screen.

Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants



TEXAS
Health and Human
Services

Print

Applicant Information

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
New	First Name New	Middle Name New	5/1/2000	ohxe4k+8pr7l2408f Ovk@sharklasers.co m	1234	Prospective	123456	Active	Prospective			Prospective	

Licensure Type: Nursing Facility Administrator (NFA) Application Type: NFA - Provisional

Summary

Payment

Payment 2

Submit

Review Information

Profile Acknowledgement

To the best of my knowledge, all the personal information provided under this profile is correct.

☐

Personal Information

First Name
New

Middle Name
First Name New Middle Name New Last

Last Name
Name

Date of Birth
5/1/2000

SSN
123-45-1234

Gender
Male

Previous

Next

Save

Cancel

Withdraw

Figure - Summary tab

Click on 'Print' button to print the application.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Payment' tab of the NFA Licensing application system. At the top, a progress bar indicates the current step is 'Payment', with previous steps marked with green checkmarks and subsequent steps labeled 'Payment 2' and 'Submit'. Below the progress bar, the 'APPLICATION DETAILS' section contains four input fields: 'Application ID' (RSLAN-0002843), 'Application Type' (NFA - Provisional), 'Application Status' (Payment Pending), and 'Application Date' (Oct 1, 2021). The 'ONLINE PAYMENTS' section features a dropdown menu with the following options: '--Select a Payment Type--', 'ACH', 'Credit Card', and 'Paper Check/Money Order'. At the bottom of the form, there are five buttons: 'Previous', 'Next', 'Save' (highlighted in blue), 'Cancel' (in red), and 'Withdraw'.

Figure - Payment tab

If you do not qualify for military provision, you can pay for the application using one of the three available payment types

1. ACH
2. Credit Card
3. Paper Check/Money Order

Please refer to section [5.4 How to pay for applications?](#) for steps on how to make payment and return to application to submit the application.

After you complete the payment, click on 'next' button to proceed to below screen.

The screenshot shows the 'Submit' tab of the NFA Licensing application system. At the top, a progress bar indicates the current step is 'Submit', with previous steps marked with green checkmarks. Below the progress bar, there is a block of instructional text: 'For payment type ACH and Credit Card, You must click the submit button to complete the application process. Please note that your application is not considered fully submitted until fee payment is posted. If you have check Papercheck/ money order as your payment option, please send your payment amount to complete submitting application. For papercheck/ money order: Please note that your application is not considered fully submitted until fee payment is posted. If you have check Papercheck/ money order as your payment option, please send your payment amount to complete submitting application.' At the bottom of the form, there are five buttons: 'Previous', 'Submit' (highlighted in blue), 'Cancel' (in red), 'Withdraw', and 'Clone'.

Figure - Submit tab

Clicking on 'submit' button will display below confirmation screen with application number.

Note: 'Submit' button will be disabled if payment was not made.

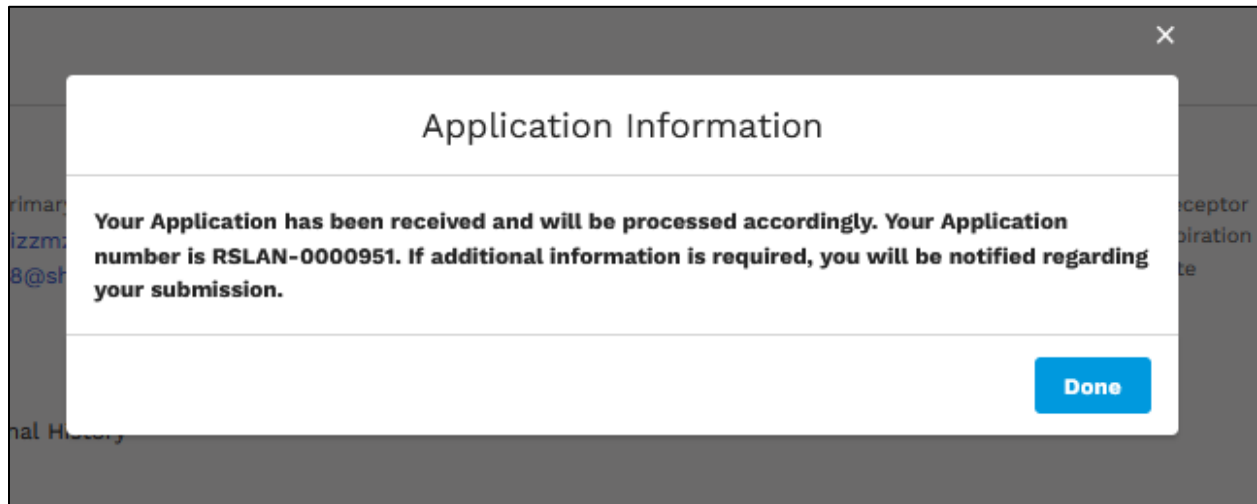


Figure - Confirmation tab

Click on 'Done' to exit to home page.

Your application has been successfully submitted!!!

4.7. Reinstatement Application

Please go to section [4. Nursing Facility Administrator Applications](#) for steps on how to get to below screen.

Note: This application is applicable to applicants who are licensed but whose professional license with state of Texas is 'Expired'.

To create and submit this application, please follow below steps.

1. Select 'No' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'
2. Select 'No' for question 'Do you want to start a Name Change Application?'
3. Select 'Nursing Facility Administrator (NFA)' for question 'Please select a Licensure type to start an application'
4. Select 'Yes' for question 'Do you have Active Out- of State License?'
5. Select 'Reinstatement Application' for question 'Please select an application?'
6. Click 'Next' to view the application

Note: Fields marked with * are required.

After you click next, system will display below screen to review or edit your information.

Personal Inform...
Acknowledgeme...
Work History
Attestation for ...
Military Provision
Documents
Deficiencies
Summary
Payment
Submit

Profile Acknowledgement
Add Deficiencies

☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

Personal Information
Add Deficiencies

First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

Previous
Next
Save
Cancel
Withdraw

Figure - Personal information tab

Please review the information and acknowledge by clicking the check box or click on the button 'click here' to update the information such as Gender, Phone Numbers, Mailing address and preferred method of communication.

Clicking on the link/button 'click here' will display below screen.

Profile Information

Profile Information

First Name
New

Middle Name
First Name New Middle Name New Last

Last Name
Name

SSN
123-45-1234

* Phone
1111111111

Alternate Phone
2222222223

* Address Line1
TEST new

Address Line2
1001

* City
newyork1

* State
TN

* ZipCode
12345-1164

* Method of Communication for Fingerprinting
Email

Save Profile
Cancel

Figure - Update Personal information page

Click on button 'save profile' to save the updates and go back to 'personal information' tab or click on 'cancel' button to exit to 'personal information' tab without saving the information.

Personal Inform... Acknowledgeme... Work History Attestation for ... Military Provision Documents Deficiencies Summary Payment Submit

Profile Acknowledgement [Add Deficiencies](#)

* ☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

Personal Information [Add Deficiencies](#)

First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

[Previous](#) [Next](#) [Save](#) [Cancel](#) [Withdraw](#)

Figure - Personal information tab

Click on 'next' button to proceed to next tab, 'save' button to save the information entered on this tab, 'cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Acknowledgement' tab selected in a navigation bar. The navigation bar includes: Acknowledgement (active), Work History, Attestation for ..., Military Provision, Documents, Deficiencies, Summary, Payment, and Submit. The main content area is titled 'Acknowledgement' and contains two disclaimer items, each with a red asterisk and an unchecked checkbox:

- * ☐ I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application.
- * ☐ I understand that I must complete form 5518-NFA, have it notarized and submit to the NFA licensing program address listed at the bottom of the form.

An 'Add Deficiencies' button is located in the top right corner. At the bottom of the form are five buttons: Previous, Next, Save, Cancel, and Withdraw.

Figure - Acknowledgement tab

Click on 'previous' button to go to previous tab, 'next' button to proceed to next tab, 'save' button to save the information entered on this tab, 'cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Work History' tab selected in the navigation bar. The navigation bar includes: Acknowledgement, Work History (active), Attestation for ..., Military Provision, Documents, Deficiencies, Summary, Payment, and Submit. The main content area displays a table with the following headers: Employer Name, City, Employment Start Date, Employment End Date, Employment Approval Status, Job Title, and Delete. Below the table is a button labeled '+ Add Work History'. At the bottom of the form are five buttons: Previous, Next, Save, Cancel, and Withdraw.

Figure - Work History Details tab

Click on the button 'Add work history' to add your work history.

Add Work History

***HHSC Vendor/Facility Id**

*** Employer Name**

Business Type ⓘ

Employer Phone Number

Is this your current Occupation? ⓘ

☐

*** Employment Start Date**

*** Employment End Date**

Job Title

Were you a Nursing Facility Administrator there?

Mailing Address Line 1

Mailing Address Line 2

Mailing Zipcode

Search

--None--

☐

📅

📅

⬆️⬆️

Cancel

Save

Figure - Add Work History page

Clicking on 'save' button will save the record, clicking on 'cancel' button will not save the record and will take the user back to work history tab.

Clicking on 'save' button will display below screen.

The screenshot shows the 'Work History' tab selected in a navigation bar. Below the navigation bar is a table with the following columns: Employer Name, City, Employment Start Date, Employment End Date, Employment Approval Status, Job Title, and Delete. The table contains one record: 'Nursing Facility', 'City', '09/01/2021', '09/30/2021', 'Open', 'Job Title', and a delete icon. Below the table is a '+ Add Work History' button. At the bottom of the screen are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Employer Name	City	Employment Start Date	Employment End Date	Employment Approval Status	Job Title	Delete
Nursing Facility	City	09/01/2021	09/30/2021	Open	Job Title	

[+ Add Work History](#)

[Previous](#) [Next](#) [Save](#) [Cancel](#) [Withdraw](#)

Figure - Work History Details tab

Clicking on 'employer name' will allow you to edit the record or clicking on 'Delete' button next to the record will allow you to delete the record.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Attestation for Application' tab selected in a navigation bar. Below the navigation bar is a form titled 'Attestation for Application'. The form contains a checkbox for 'I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certification'. Below this is a signature line labeled '* Signature - Applicant' and a date line labeled '* Date' with a calendar icon. At the bottom of the screen are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Attestation for Application [Add Deficiencies](#)

☐ I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certification

* Signature - Applicant

* Date

[Previous](#) [Next](#) [Save](#) [Cancel](#) [Withdraw](#)

Figure - Attestation for Application tab

Clicking on 'next' button will display below screen.

The screenshot shows the 'Military Provision' tab in a web application. At the top, a navigation bar contains several tabs: a series of green tabs with checkmarks, followed by 'Military Provision' (highlighted in blue), 'Documents', 'Deficiencies', 'Summary', 'Payment', and 'Submit'. Below the navigation bar, the 'Military Provision' section is displayed. It includes a question: 'Do you think qualify for a Military Provision?' with a dropdown menu currently set to '--None--'. Below this, there is explanatory text about military service members and veterans. Further down, a note states: 'If you selected yes and are interested in applying under a military provision, please contact the following programs via email to see if you meet requirements:'. This is followed by a bulleted list of contact information: 'Nursing Facility Administrator, NFA_Licensing_Program@hhs.texas.gov', 'Nurse Aide Registry, NurseAideRegistry@hhs.texas.gov', and 'Medication Aide Program, Medication_Aide_Program@hhs.texas.gov'. At the bottom of the form, there are five buttons: 'Previous', 'Next', 'Save' (highlighted in blue), 'Cancel' (highlighted in red), and 'Withdraw'.

Military Provision Add Deficiencies

Do you think qualify for a Military Provision?

--None--

Military service members or veterans may have met some licensing requirements as a result of their military service or other training, knowledge and experience. Military spouses of current, active duty military service members also may have met some licensing requirements related to this status. Modifications to renewal requirements may also be available for some military service members on active duty.

If you selected yes and are interested in applying under a military provision, please contact the following programs via email to see if you meet requirements:

- Nursing Facility Administrator, NFA_Licensing_Program@hhs.texas.gov
- Nurse Aide Registry, NurseAideRegistry@hhs.texas.gov
- Medication Aide Program, Medication_Aide_Program@hhs.texas.gov

Previous Next Save Cancel Withdraw

Figure - Military Provision tab

Clicking on 'next' button will display below screen.

The applicant must upload the following document(s) for this application:

[Notarized Form 5518-NFA](#). Please [click here](#) to download Form 5518-NFA
A copy of Social Security Card
Military person/Spouse supporting Documentation (for applicants who qualify for a Military Provision)

Please use "Add Additional Attachment" button to attach any additional documents.

Copy of your Social Security Card Add Deficiency Delete

Upload Attachments
[Upload Files](#) Or drop files

NFA Reinstatement Fee Add Deficiency Delete

Upload Attachments
[Upload Files](#) Or drop files

Notarized Copy of Form 5518-NFA, NFA Program Provisional Licensure Questionnaire Add Deficiency Delete

Upload Attachments
[Upload Files](#) Or drop files

Military person/Spouse supporting Documentation Add Deficiency Delete

Upload Attachments
[Upload Files](#) Or drop files

[Previous](#) [Next](#) [Save](#) [Cancel](#) [Withdraw](#)

Figure - Documents tab

This screen allows applicants to upload files or drag and drop files into pre-provided documents list.

To upload additional attachments, click on button 'Add Additional Attachment' to see below screen.

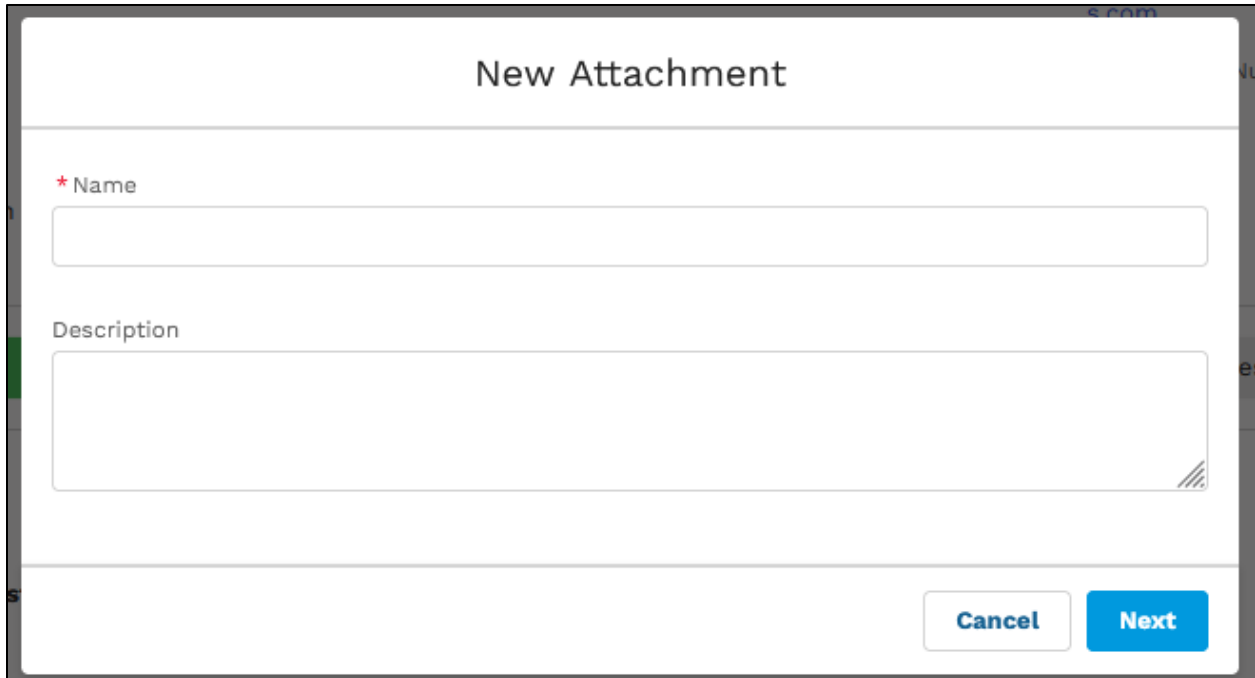
A screenshot of a web form titled "New Attachment". The form has two main input fields: "Name" with a red asterisk indicating it is required, and "Description". Below these fields are two buttons: "Cancel" and "Next". The "Next" button is highlighted in blue.

Figure - Add new additional attachment page

Enter attachment name, description and click next to see below screen.

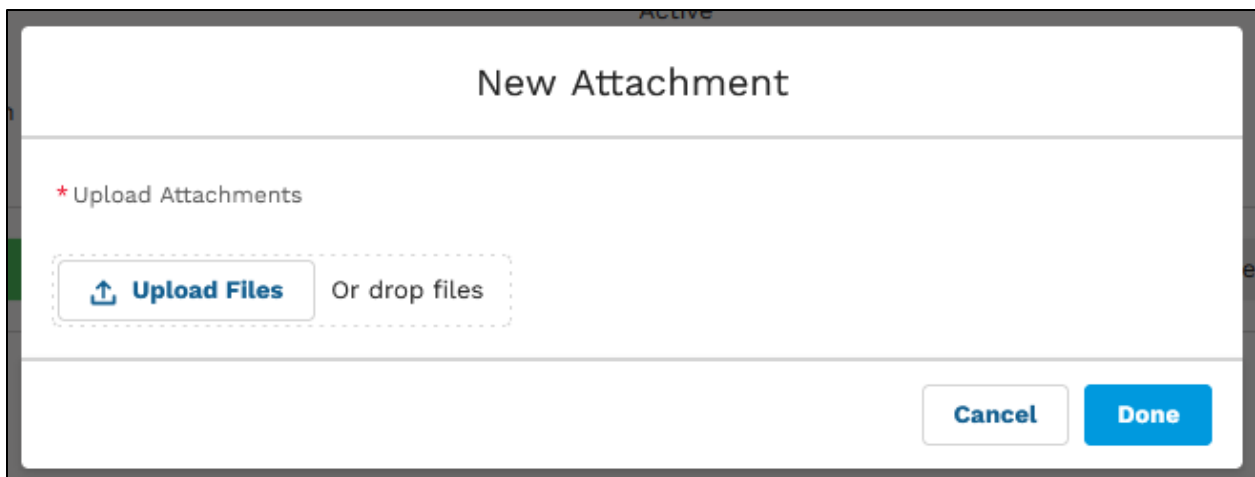
A screenshot of a web form titled "New Attachment". The form has a section labeled "Upload Attachments" with a red asterisk. Below this is a dashed box containing an "Upload Files" button with an upward arrow icon and the text "Or drop files". At the bottom right are "Cancel" and "Done" buttons. The "Done" button is highlighted in blue.

Figure - Upload Attachment page

Upload attachment or drag and drop attachment and click on 'Done' button to return to documents tab or click on 'Cancel' button to cancel and go back to documents tab.

Clicking on 'next' button will display below screen.

Progress bar: 1, 2, 3, 4, 5, 6, 7, 8, 9 (Deficiencies), 10 (Summary), 11 (Payment), 12 (Submit)

Error in Item: 2. Profile Acknowledgement [Go to Step](#)

Description
Error On To the best of my knowledge, all the personal information provided under this profile is correct.

Error in Item: 5. Attestation for Application [Go to Step](#)

Description
Error On Date

Error in Item: 5. Attestation for Application [Go to Step](#)

Description
Error On Signature - Applicant

Buttons: Previous, Next, Save, Cancel, Withdraw

Figure - Deficiencies tab

System will automatically display the deficiencies on this tab. Please review the deficiencies and click on 'Go to Step' button and system will automatically take you to the deficiency, address the deficiencies and come back to the 'Deficiencies' tab.

If you do not have any deficiencies to address, please click on 'next' button to proceed to below screen.

TEXAS Health and Human Services

[Print](#)

Applicant Information

First Name	Middle Name	Last Name	Date of Birth	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
New	New	New	5/1/2000	ohxe4k+8pr7l2408f 0vk@sharklasers.com	1234	Prospective	123456	Active	Prospective			Expired	

Licensure Type: Nursing Facility Administrator (NFA)
Application Type: NFA - Reinstatement

Progress bar: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (Summary), 11 (Payment), 12 (Submit)

Review Information

Profile Acknowledgement

To the best of my knowledge, all the personal information provided under this profile is correct.
☐

Personal Information

First Name: New
Middle Name: New
Last Name: New
First Name New Middle Name New Last Name

Buttons: Previous, Next, Save, Cancel, Withdraw

Figure - Summary tab

Click on 'Print' button to print the application.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Payment' tab of an application system. At the top, a progress bar has 11 steps, with the 11th step labeled 'Payment' highlighted in blue. Below the progress bar, the 'APPLICATION DETAILS' section contains four input fields: 'Application ID' (RSLAN-0002846), 'Application Type' (NFA - Reinstatement), 'Application Status' (Payment Pending), and 'Application Date' (Oct 4, 2021). The 'ONLINE PAYMENTS' section features a dropdown menu with the text '--Select a Payment Type--' and three options: 'ACH', 'Credit Card', and 'Paper Check/Money Order'. At the bottom, there are five buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure - Payment tab

If you do not qualify for military provision, you can pay for the application using one of the three available payment types

1. ACH
2. Credit Card
3. Paper Check/Money Order

Please refer to section [5.4 How to pay for applications?](#) for steps on how to make payment and return to application to submit the application.

After you complete the payment, click on 'next' button to proceed to below screen.

The screenshot shows the 'Submit' tab of the application system. At the top, the progress bar has 11 steps, with the 11th step labeled 'Submit' highlighted in blue. Below the progress bar, there is a text block with instructions: 'For payment type ACH and Credit Card, You must click the submit button to complete the application process. Please note that your application is not considered fully submitted until fee payment is posted. If you have check Papercheck/ money order as your payment option, please send your payment amount to complete submitting application. For papercheck/ money order:Please note that your application is not considered fully submitted until fee payment is posted.If you have check Papercheck/ money order as your payment option, please send your payment amount to complete submitting application.' At the bottom, there are five buttons: 'Previous', 'Submit', 'Cancel', 'Withdraw', and 'Clone'.

Figure - Submit tab

Clicking on 'submit' button will display below confirmation screen with application number.

Note: 'Submit' button will be disabled if payment was not made.

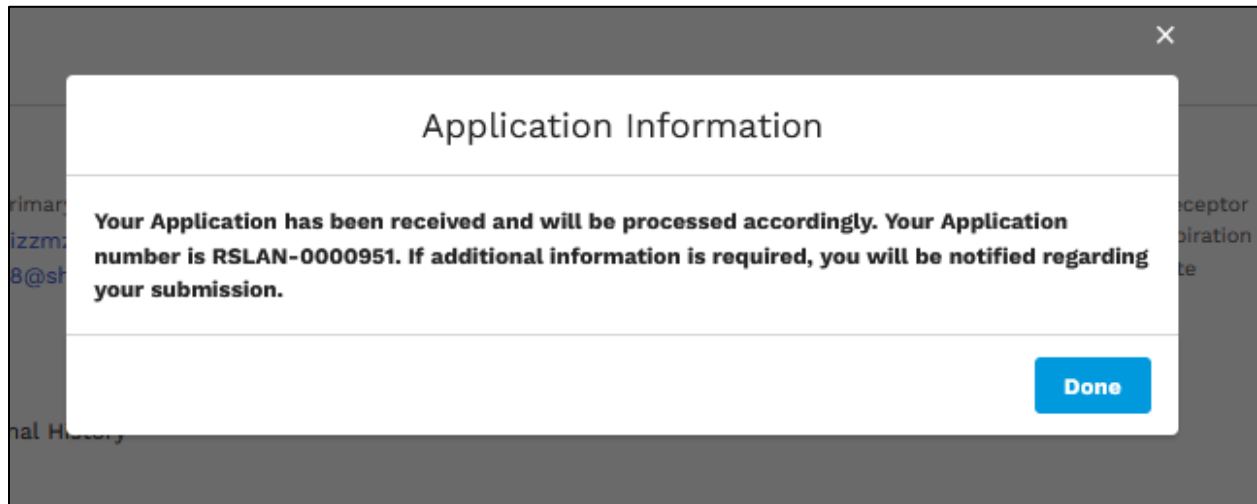


Figure - Confirmation tab

Click on 'Done' to exit to home page.

Your application has been successfully submitted!!!

4.8. Inactive Status Application

Please go to section [4. Nursing Facility Administrator Applications](#) for steps on how to get to below screen.

Note: This application is applicable to applicants who are licensed and who hold an 'Active' or 'Inactive' professional license with state of Texas.

To create and submit this application, please follow below steps.

1. Select 'No' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'
2. Select 'No' for question 'Do you want to start a Name Change Application?'
3. Select 'Nursing Facility Administrator (NFA)' for question 'Please select a Licensure type to start an application'
4. Select 'Inactive Status Application' for question 'Please select an application'
5. Click 'Next' to view the application

Note: Fields marked with * are required.

After you click next, system will display below screen to review or edit your information.

Personal Information
Acknowledgement
Attestation for Ap...
Military Provision
Documents
Deficiencies
Summary
Payment
Submit

Profile Acknowledgement
Add Deficiencies

☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

Personal Information
Add Deficiencies

First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

Next
Save
Cancel
Withdraw

Figure - Personal information tab

Please review the information and acknowledge by clicking the check box or click on the button 'click here' to update the information such as Gender, Phone Numbers, Mailing address and preferred method of communication.

Clicking on the link/button 'click here' will display below screen.

Profile Information

Profile Information

First Name
New

Middle Name
First Name New Middle Name New Last

Last Name
Name

SSN
123-45-1234

* Phone

Alternate Phone

* Address Line1

Address Line2

* City

* State

TN ▼

* ZipCode

* Method of Communication for Fingerprinting

Email ▼

Figure - Update Personal information page

Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

Click on button 'save profile' to save the updates and go back to 'personal information' tab or click on 'cancel' button to exit to 'personal information' tab without saving the information.

The screenshot shows the 'Personal Information' tab selected in the top navigation bar. The page is divided into two main sections: 'Profile Acknowledgement' and 'Personal Information'. The 'Profile Acknowledgement' section contains a checkbox for the user to confirm the accuracy of their information and a link to view or update the profile. The 'Personal Information' section is a form with various fields for personal data. At the bottom, there are four buttons: 'Next', 'Save', 'Cancel', and 'Withdraw'.

Personal Information	
First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

Figure - Personal information tab

Click on 'next' button to proceed to next tab, 'save' button to save the information entered on this tab, 'cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Acknowledgement' tab selected in the top navigation bar. The page contains a single checkbox for the user to acknowledge the requirement of a fingerprint-based FBI criminal history check. At the bottom, there are five buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Acknowledgement	
<input type="checkbox"/> I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application	

Figure - Acknowledgement tab

Click on 'previous' button to go to previous tab, 'next' button to proceed to next tab, 'save' button to save the information entered on this tab, 'cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Attestation for Application' tab. At the top, a progress bar indicates the current step is 'Attestation for Ap...', with previous steps marked with green checkmarks and subsequent steps (Military Provision, Documents, Deficiencies, Summary, Payment, Submit) in grey. The main content area is titled 'Attestation for Application' and includes an 'Add Deficiencies' button. It contains three required fields: an acknowledgment checkbox with a warning message, a signature field labeled '* Signature - Applicant', and a date field labeled '* Date' showing 'Oct 4, 2021' with a calendar icon. At the bottom, there are five buttons: 'Previous', 'Next', 'Save' (blue), 'Cancel' (red), and 'Withdraw'.

Figure - Attestation for Application tab

Clicking on 'next' button will display below screen.

The screenshot shows the 'Military Provision' tab. The progress bar at the top shows 'Military Provision' as the current step, with previous steps marked with green checkmarks and subsequent steps in grey. The main content area is titled 'Military Provision' and includes an 'Add Deficiencies' button. It contains a dropdown menu for 'Do you think qualify for a Military Provision?' with '--None--' selected. Below this is a paragraph of text explaining military provisions. Further down, it states: 'If you selected yes and are interested in applying under a military provision, please contact the following programs via email to see if you meet requirements:'. A bulleted list follows: 'Nursing Facility Administrator, NFA_Licensing_Program@hhs.texas.gov', 'Nurse Aide Registry, NurseAideRegistry@hhs.texas.gov', and 'Medication Aide Program, Medication_Aide_Program@hhs.texas.gov'. At the bottom, there are five buttons: 'Previous', 'Next', 'Save' (blue), 'Cancel' (red), and 'Withdraw'.

Figure - Military Provision tab

Clicking on 'next' button will display below screen.

The applicant must upload the following document(s) for this application:

- 1.) A copy of Social Security Card
- 2.) Military person/Spouse supporting Documentation (for applicants who qualify for a Military Provision)

Please use "Add Additional Attachment" button to attach any additional documents.

Military person/Spouse supporting Documentation

Upload Attachments

[Upload Files](#) Or drop files

[Add Deficiency](#) [Delete](#)

Copy of your Social Security Card

Upload Attachments

[Upload Files](#) Or drop files

This document is required

[Previous](#) [Next](#) [Save](#) [Cancel](#) [Withdraw](#)

Figure - Documents tab

This screen allows applicants to upload files or drag and drop files into pre-provided documents list.

To upload additional attachments, click on button 'Add Additional Attachment' to see below screen.

New Attachment

* Name

Description

[Cancel](#) [Next](#)

Figure - Add new additional attachment page

Enter attachment name, description and click next to see below screen.

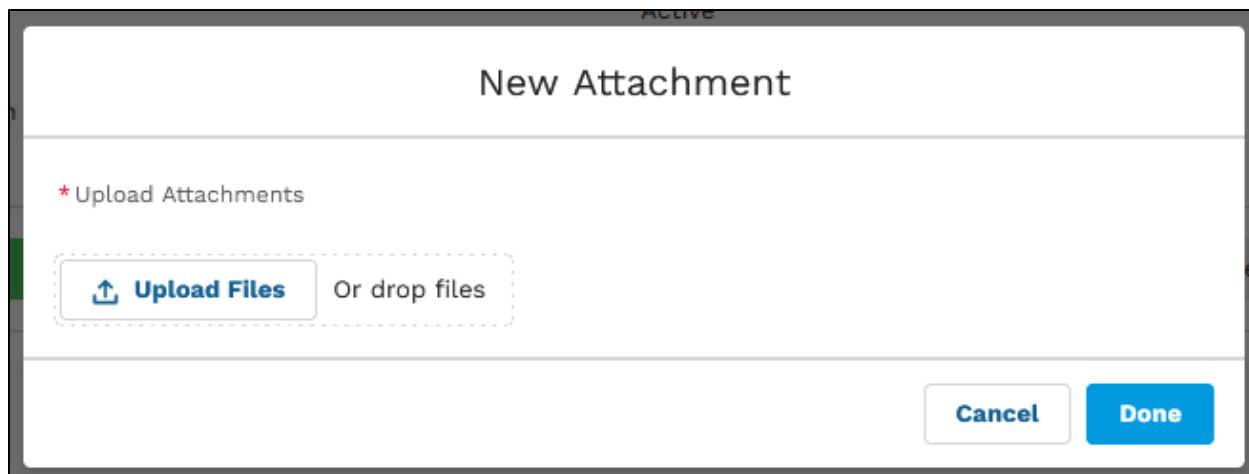
The image shows a web form titled "New Attachment". At the top, there is a status indicator "Active". Below the title, there is a section labeled "* Upload Attachments". Inside this section, there is a dashed box containing an "Upload Files" button with an upward arrow icon and the text "Or drop files". At the bottom right of the form, there are two buttons: "Cancel" and "Done".

Figure - Upload Attachment page

Upload attachment or drag and drop attachment and click on 'Done' button to return to documents tab or click on 'Cancel' button to cancel and go back to documents tab.

Clicking on 'next' button will display below screen.

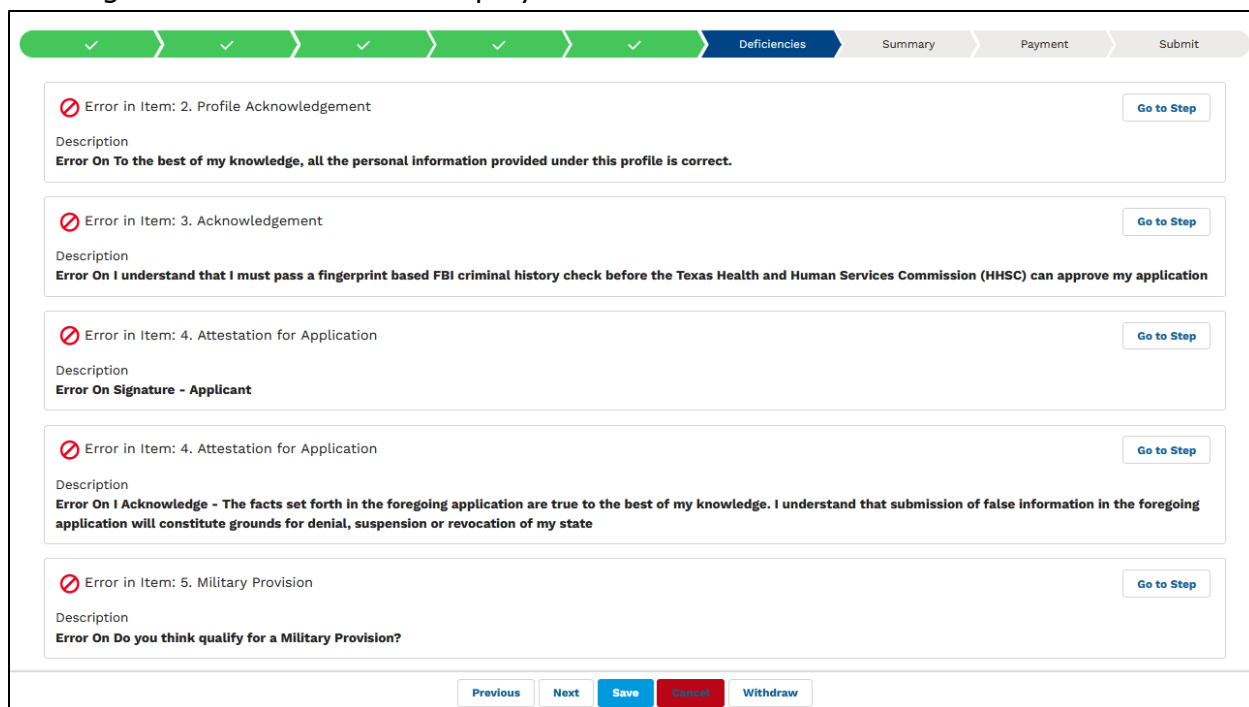
The image shows a web form titled "Deficiencies". At the top, there is a progress bar with five green checkmarks and five blue arrows. Below the progress bar, there are five error messages, each with a red circle icon and a "Go to Step" button. The error messages are: 1. Error in Item: 2. Profile Acknowledgement. Description: Error On To the best of my knowledge, all the personal information provided under this profile is correct. 2. Error in Item: 3. Acknowledgement. Description: Error On I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application. 3. Error in Item: 4. Attestation for Application. Description: Error On Signature - Applicant. 4. Error in Item: 4. Attestation for Application. Description: Error On I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my state. 5. Error in Item: 5. Military Provision. Description: Error On Do you think qualify for a Military Provision?. At the bottom of the form, there are five buttons: "Previous", "Next", "Save", "Cancel", and "Withdraw".

Figure - Deficiencies tab

Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

System will automatically display the deficiencies on this tab. Please review the deficiencies and click on 'Go to Step' button and system will automatically take you to the deficiency, address the deficiencies and come back to the 'Deficiencies' tab.

If you do not have any deficiencies to address, please click on 'next' button to proceed to below screen.

TEXAS Health and Human Services

Applicant Information

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
New	First Name New	Middle Name New	5/1/2000	ohxe4k+8pr7l2408f0vk@sharklasers.com	1234	Prospective	123456	Active	Prospective			Inactive	1

Licensure Type: Nursing Facility Administrator (NFA)
Application Type: NFA - Inactive

Progress Bar: [Steps 1-6: Complete] [Step 7: Summary (Active)] [Step 8: Payment] [Step 9: Submit]

Review Information

Profile Acknowledgement

To the best of my knowledge, all the personal information provided under this profile is correct.

☐

Personal Information

First Name: New
Middle Name: New
First Name New Middle Name New Last Name

Buttons: Previous, Next, Save, Cancel, Withdraw

Figure - Summary tab

Click on 'Print' button to print the application.

Clicking on 'next' button will display below screen.

Figure - Payment tab

If you do not qualify for military provision, you can pay for the application using one of the three available payment types

1. ACH
2. Credit Card
3. Paper Check/Money Order

Please refer to section [5.4 How to pay for applications?](#) for steps on how to make payment and return to application to submit the application.

After you complete the payment, click on 'next' button to proceed to below screen.

Figure - Submit tab

Clicking on 'submit' button will display below confirmation screen with application number.

Note: 'Submit' button will be disabled if payment was not made.

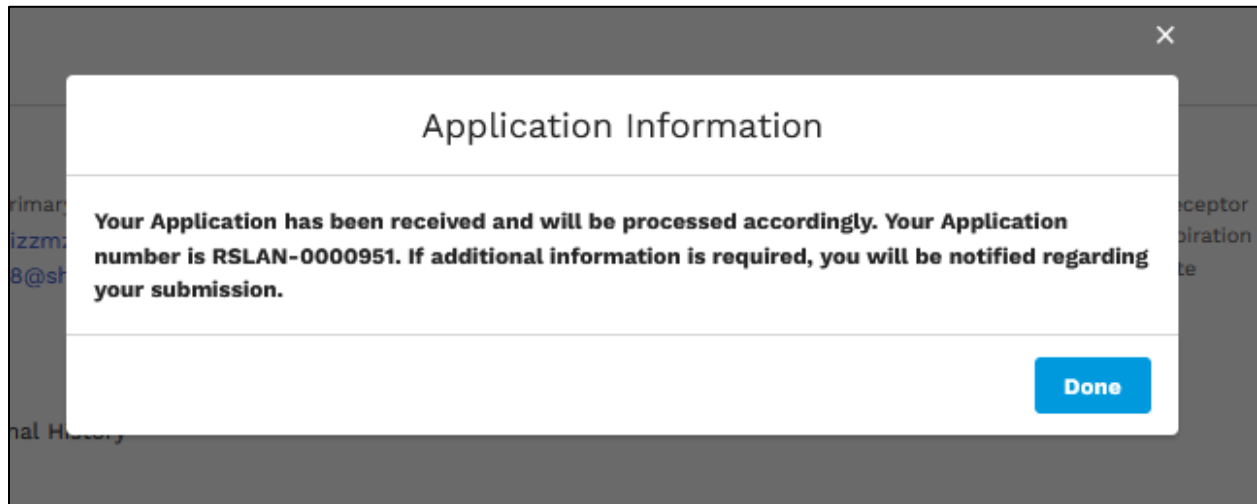


Figure - Confirmation tab

Click on 'Done' to exit to home page.

Your application has been successfully submitted!!!

4.9. Preceptor Application

Please go to section [4. Nursing Facility Administrator Applications](#) for steps on how to get to below screen.

Note: This application is applicable to applicants who are licensed and who hold an 'Active' professional license with state of Texas.

To create and submit this application, please follow below steps.

1. Select 'No' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'
2. Select 'No' for question 'Do you want to start a Name Change Application?'
3. Select 'Nursing Facility Administrator (NFA)' for question 'Please select a Licensure type to start an application'
4. Select 'Preceptor Application' for question 'Please select an application'
5. Click 'Next' to view the application

Note: Fields marked with * are required.

After you click next, system will display below screen to review or edit your information.

This page displays personal information and a button called 'click here' to update the information.

Personal Infor...
Acknowledge...
Work History
Continuing Ed...
Attestation fo...
Military Provis...
Documents
Deficiencies
Summary
Payment
Submit

Profile Acknowledgement
Add Deficiencies

☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

Personal Information
Add Deficiencies

First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

Previous
Next
Save
Cancel
Withdraw

Figure - Personal information tab

Please review the information and acknowledge by clicking the check box or click on the button 'click here' to update the information such as Gender, Phone Numbers, Mailing address and preferred method of communication.

Clicking on the link/button 'click here' will display below screen.

Profile Information

Profile Information

First Name
New

Middle Name
First Name New Middle Name New Last

Last Name
Name

SSN
123-45-1234

* Phone
1111111111

Alternate Phone
2222222223

* Address Line1
TEST new

Address Line2
1001

* City
newyork1

* State
TN

* ZipCode
12345-1164

* Method of Communication for Fingerprinting
Email

Save Profile
Cancel

Figure - Update Personal information page

Click on button 'save profile' to save the updates and go back to 'personal information' tab or click on 'cancel' button to exit to 'personal information' tab without saving the information.

Personal Information

First Name: New

Middle Name: First Name New Middle Name New Last

Last Name: Name

Date of Birth (DOB): 5/1/2000

SSN: 123-45-1234

Gender: Male

Phone: (111) 111-1111

Alternate Phone: (222) 222-2223

Primary Email: ohxe4k+8pr7l2408f0vk@sharklasers.com

Address Line1: TEST new

Address Line2: 1001

City: newyork1

State: TN

ZipCode: 12345-1164

Method of Communication (Fingerprinting): Email

Buttons: Previous, Next, Save, Cancel, Withdraw

Figure - Personal information tab

Click on 'next' button to proceed to next tab, 'save' button to save the information entered on this tab, 'cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Acknowledgement' tab selected in a navigation bar. The navigation bar includes: Acknowledge... (active), Work History, Continuing Ed..., Attestation fo..., Military Provis..., Documents, Deficiencies, Summary, Payment, and Submit. The main content area is titled 'Acknowledgement' and contains a checkbox with the text: '* ☐ I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application'. There is an 'Add Deficiencies' button in the top right. At the bottom, there are five buttons: Previous, Next, Save, Cancel, and Withdraw.

Figure - Acknowledgement tab

Click on 'previous' button to go to previous tab, 'next' button to proceed to next tab, 'save' button to save the information entered on this tab, 'cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Work History' tab selected in the navigation bar. The navigation bar includes: Acknowledge... (checked), Work History (active), Continuing Ed..., Attestation fo..., Military Provis..., Documents, Deficiencies, Summary, Payment, and Submit. The main content area has a table with the following headers: Employer Name, City, Employment Start Date, Employment End Date, Employment Approval Status, Job Title, and Delete. Below the table is a button labeled '+ Add Work History'. At the bottom, there are five buttons: Previous, Next, Save, Cancel, and Withdraw.

Figure - Work History Details tab

Click on the button 'Add work history' to add your work history.

Add Work History

***HHSC Vendor/Facility Id**

*** Employer Name**

Business Type ⓘ

Employer Phone Number

Is this your current Occupation? ⓘ

☐

*** Employment Start Date**

*** Employment End Date**

Job Title

Were you a Nursing Facility Administrator there?

Mailing Address Line 1

Mailing Address Line 2

Mailing Zipcode

Search

--None--

☐

📅

📅

--None--

Cancel

Save

Figure - Add Work History page

Clicking on 'save' button will save the record, clicking on 'cancel' button will not save the record and will take the user back to work history tab.

Clicking on 'save' button will display below screen.

The screenshot shows the 'Work History' tab selected in the navigation bar. Below the navigation bar is a table with the following columns: Employer Name, City, Employment Start Date, Employment End Date, Employment Approval Status, Job Title, and Delete. A single record is displayed with the following data: Employer Name: Nursing Facility, City: (blank), Employment Start Date: 09/01/2021, Employment End Date: 09/30/2021, Employment Approval Status: Open, Job Title: Job Title. Below the table is a button labeled '+ Add Work History'. At the bottom of the screen are five buttons: Previous, Next, Save, Cancel, and Withdraw.

Employer Name	City	Employment Start Date	Employment End Date	Employment Approval Status	Job Title	Delete
Nursing Facility		09/01/2021	09/30/2021	Open	Job Title	

+ Add Work History

Previous Next Save Cancel Withdraw

Figure - Work History Details tab

Clicking on 'employer name' will allow you to edit the record or clicking on 'Delete' button next to the record will allow you to delete the record.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Continuing Ed...' tab selected in the navigation bar. Below the navigation bar is a section titled 'Continuing Education' with a button labeled 'Add Deficiencies'. Below this is a table with the following columns: Id, NAB/HHSC Course, Course Number, Sponsor Name, CEU Status, and Delete. Below the table is a text box with the message: 'Please make sure that all relevant continuing education units required for renewal have been updated in the system before submitting this application.' Below the text box is a button labeled '+ Add'. Below the button is a checkbox labeled '* Preceptor seminar CEUs completed have been updated'. At the bottom of the screen are five buttons: Previous, Next, Save, Cancel, and Withdraw.

Id	NAB/HHSC Course	Course Number	Sponsor Name	CEU Status	Delete
Please make sure that all relevant continuing education units required for renewal have been updated in the system before submitting this application.					

+ Add

* ☐ Preceptor seminar CEUs completed have been updated

Previous Next Save Cancel Withdraw

Figure - Continuing Education tab

Click on the button 'Add' to add continuing education information.

Add CEU

* Continuing Education Course Code

--None--

Course Number

Course Name

Total CEU

Ethics CEU

Sponsor Name

Date Completed

Transcript

Upload Files

Or drop files

CEU Status

--None--

Comments

Cancel

Save

Figure - Add Continuing Education page

Clicking on 'save' button will save the record, clicking on 'cancel' button will not save the record and will take the user back to work history tab.

Clicking on 'save' button will display below screen.

The screenshot shows the 'Continuing Education' tab in the NFA Licensing system. The top navigation bar includes tabs: Continuing Ed..., Attestation fo..., Military Provis..., Documents, Deficiencies, Summary, Payment, and Submit. The 'Continuing Ed...' tab is active. Below the navigation bar, there is a section titled 'Continuing Education' with an 'Add Deficiencies' button. A table with the following columns is displayed: Id, NAB/HHSC Course, Course Number, Sponsor Name, CEU Status, and Delete. Below the table, a message states: 'Please make sure that all relevant continuing education units required for renewal have been updated in the system before submitting this application.' There is an '+ Add' button and a checkbox labeled 'Preceptor seminar CEUs completed have been updated'. At the bottom, there are buttons: Previous, Next, Save, Cancel, and Withdraw.

Figure - Continuing Education tab

Clicking on 'next' button will display below screen.

The screenshot shows the 'Attestation for Application' tab in the NFA Licensing system. The top navigation bar includes tabs: Continuing Ed..., Attestation fo..., Military Provis..., Documents, Deficiencies, Summary, Payment, and Submit. The 'Attestation fo...' tab is active. Below the navigation bar, there is a section titled 'Attestation for Application' with an 'Add Deficiencies' button. A message states: '* I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certification'. There is a signature field labeled '* Signature - Applicant' and a date field labeled '* Date' with a calendar icon. At the bottom, there are buttons: Previous, Next, Save, Cancel, and Withdraw.

Figure - Attestation for Application tab

Clicking on 'next' button will display below screen.

The screenshot shows the 'Military Provision' tab in the application system. At the top, a progress bar indicates the current step is 'Military Provis...', with previous steps marked with green checkmarks and subsequent steps (Documents, Deficiencies, Summary, Payment, Payment 2, Submit) in grey. The main content area is titled 'Military Provision' and includes a question: 'Do you think qualify for a Military Provision?'. Below the question is a dropdown menu currently set to 'No'. To the right of the question is a button labeled 'Add Deficiencies'. Below the dropdown, there is explanatory text about military service members and veterans. Further down, it states: 'If you selected yes and are interested in applying under a military provision, please contact the following programs via email to see if you meet requirements:'. A bulleted list follows: Nursing Facility Administrator (NFA_Licensing_Program@hhs.texas.gov), Nurse Aide Registry (NurseAideRegistry@hhs.texas.gov), and Medication Aide Program (Medication_Aide_Program@hhs.texas.gov). At the bottom of the form are five buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure - Military Provision tab

Clicking on 'next' button will display below screen.

The screenshot shows the 'Documents' tab in the application system. The progress bar at the top shows 'Documents' as the current step, highlighted in blue, with previous steps marked with green checkmarks and subsequent steps (Deficiencies, Summary, Payment, Submit) in grey. The main content area is titled 'The applicant must upload the following document(s) for this application:'. It lists two required documents: 'A copy of Social Security Card' and 'Military person/Spouse supporting Documentation (for applicants who qualify for a Military Provision)'. Below this list is a button labeled '+ Add Additional Attachment'. A note states: 'Please use "Add Additional Attachment" button to attach any additional documents.' Below the list, there are two sections for document uploads. Each section has a document icon, the document name, and an 'Add Deficiency' button. The first section is for 'Copy of your Social Security Card' and the second is for 'Military person/Spouse supporting Documentation'. Each section also has an 'Upload Attachments' box with an 'Upload Files' button and the text 'Or drop files'. A red message 'This document is required' is visible next to the first document section. At the bottom of the form are five buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure - Documents tab

This screen allows applicants to upload files or drag and drop files into pre-provided documents list.

To upload additional attachments, click on button 'Add Additional Attachment' to see below screen.

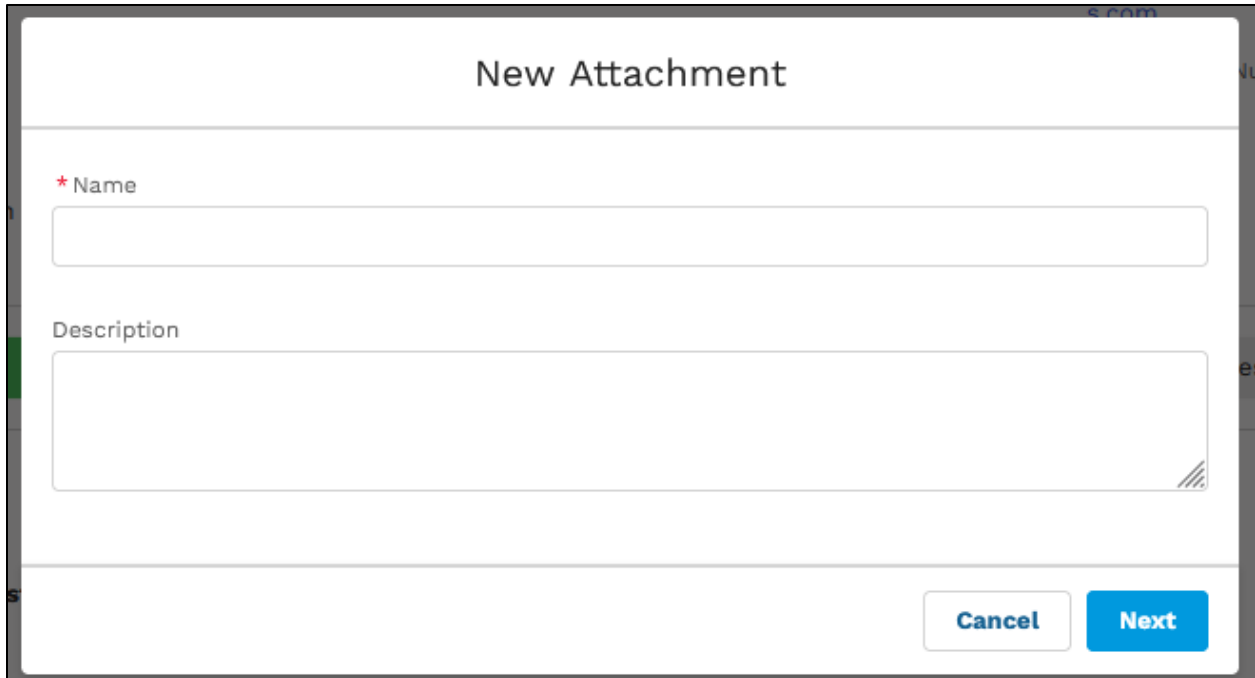
A screenshot of a web form titled "New Attachment". The form has two main input fields: "Name" with a red asterisk indicating it is required, and "Description". Below these fields are two buttons: "Cancel" and "Next". The "Next" button is highlighted in blue. The form is enclosed in a light gray border.

Figure - Add new additional attachment page

Enter attachment name, description and click next to see below screen.

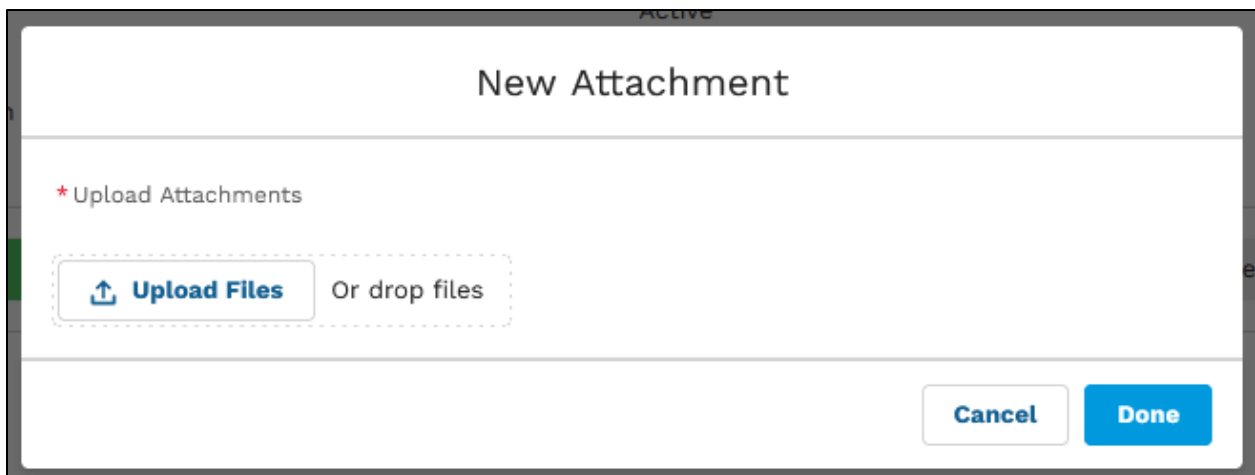
A screenshot of a web form titled "New Attachment". The form has a section labeled "Upload Attachments" with a red asterisk. Below this label is a dashed box containing an "Upload Files" button with an upward arrow icon and the text "Or drop files". At the bottom right of the form are two buttons: "Cancel" and "Done". The "Done" button is highlighted in blue. The form is enclosed in a light gray border.

Figure - Upload Attachment page

Upload attachment or drag and drop attachment and click on 'Done' button to return to documents tab or click on 'Cancel' button to cancel and go back to documents tab.

Clicking on 'next' button will display below screen.

Progress bar: 10 steps, all green checkmarks. Active step: Deficiencies. Other steps: Summary, Payment, Submit.

Error in Item: 2. Profile Acknowledgement [Go to Step](#)

Description
Error On To the best of my knowledge, all the personal information provided under this profile is correct.

Error in Item: 3. Acknowledgement [Go to Step](#)

Description
Error On I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application

Error in Item: 5. Continuing Education [Go to Step](#)

Description
Error On Preceptor seminar CEUs completed have been updated

Navigation: Previous, Next, Save, Cancel, Withdraw

Figure - Deficiencies tab

System will automatically display the deficiencies on this tab. Please review the deficiencies and click on 'Go to Step' button and system will automatically take you to the deficiency, address the deficiencies and come back to the 'Deficiencies' tab.

If you do not have any deficiencies to address, please click on 'next' button to proceed to below screen.

TEXAS Health and Human Services logo

[Print](#)

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	NFA License Number	NFA License Status
New			5/1/2000	ohxe4k+8pr7l2408f0vk@sha.rklasers.com	1234	Prospective	123456	Active		Active

Licensure Type: Nursing Facility Administrator (NFA)
Application Type: NFA - Preceptor

Progress bar: 10 steps, all green checkmarks. Active step: Summary. Other steps: Payment, Submit.

Review Information

Profile Acknowledgement

☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Personal Information

First Name
New

Middle Name

Navigation: Previous, Next, Save, Cancel, Withdraw

Figure - Summary tab

Click on 'Print' button to print the application.

Clicking on 'next' button will display below screen.

Figure - Payment tab

If you do not qualify for military provision, you can pay for the application using one of the three available payment types

1. ACH
2. Credit Card
3. Paper Check/Money Order

Please refer to section [5.4. How to pay for applications?](#) for steps on how to make payment and return to application to submit the application.

After you complete the payment, click on 'next' button to proceed to below screen.

Figure - Submit tab

Clicking on 'submit' button will display below confirmation screen with application number.

Note: 'Submit' button will be disabled if payment was not made.

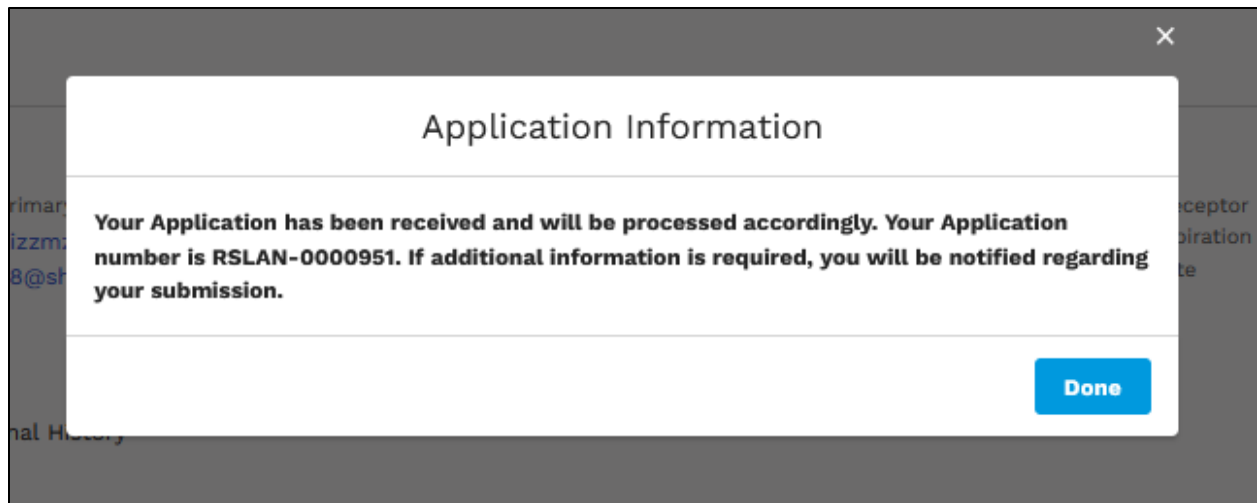


Figure - Confirmation tab

Click on 'Done' to exit to home page.

Your application has been successfully submitted!!!

4.10. Military Renewal Waiver Application

Please go to section [4. Nursing Facility Administrator Applications](#) for steps on how to get to below screen.

Note: This application is applicable to applicants who are licensed and who hold an 'Active' or 'Inactive' professional license with state of Texas.

To create and submit this application, please follow below steps.

1. Select 'No' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'
2. Select 'No' for question 'Do you want to start a Name Change Application?'
3. Select 'Nursing Facility Administrator (NFA)' for question 'Please select a Licensure type to start an application'
4. Select 'Military Renewal Waiver Application' for question 'Please select an application'
5. Click 'Next' to view the application

Note: Fields marked with * are required.

After you click next, system will display below screen to review or edit your information.

Personal Information
Acknowledgement
Attestation for Applic...
Documents
Deficiencies
Summary
Payment
Submit

Profile Acknowledgement
Add Deficiencies

☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

Personal Information
Add Deficiencies

First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr712408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

Previous
Next
Save
Cancel
Withdraw

Figure - Personal information tab

Please review the information and acknowledge by clicking the check box or click on the button 'click here' to update the information such as Gender, Phone Numbers, Mailing address and preferred method of communication.

Clicking on the link/button 'click here' will display below screen.

Profile Information

Profile Information

First Name
New

Middle Name
First Name New Middle Name New Last

Last Name
Name

SSN
123-45-1234

* Phone

Alternate Phone

* Address Line1

Address Line2

* City

* State

* ZipCode

* Method of Communication for Fingerprinting

Figure - Update Personal information page

Click on button 'save profile' to save the updates and go back to 'personal information' tab or click on 'cancel' button to exit to 'personal information' tab without saving the information.

Personal Information Acknowledgement Attestation for Applic... Documents Deficiencies Summary Payment Submit

Profile Acknowledgement [Add Deficiencies](#)

* ☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

Personal Information [Add Deficiencies](#)

First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

[Previous](#) [Next](#) [Save](#) [Cancel](#) [Withdraw](#)

Figure - Personal information tab

Click on 'next' button to proceed to next tab, 'save' button to save the information entered on this tab, 'cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Acknowledgement' tab selected in the top navigation bar. The main content area is titled 'Acknowledgement' and contains a single checkbox with the text: '* ☐ I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application'. An 'Add Deficiencies' button is located in the top right corner. At the bottom, there are five buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure - Acknowledgement tab

Click on 'previous' button to go to previous tab, 'next' button to proceed to next tab, 'save' button to save the information entered on this tab, 'cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Attestation for Application' tab selected in the top navigation bar. The main content area is titled 'Attestation for Application' and contains three sections: 1) A checkbox with the text: '* ☐ I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certification'. 2) A text input field labeled '* Signature - Applicant'. 3) A date input field labeled '* Date' with the value 'Oct 4, 2021' and a calendar icon. An 'Add Deficiencies' button is located in the top right corner. At the bottom, there are five buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure - Attestation for Application tab

Clicking on 'next' button will display below screen.

Figure - Documents tab

This screen allows applicants to upload files or drag and drop files into pre-provided documents list.

To upload additional attachments, click on button 'Add Additional Attachment' to see below screen.

Figure - Add new additional attachment page

Enter attachment name, description and click next to see below screen.

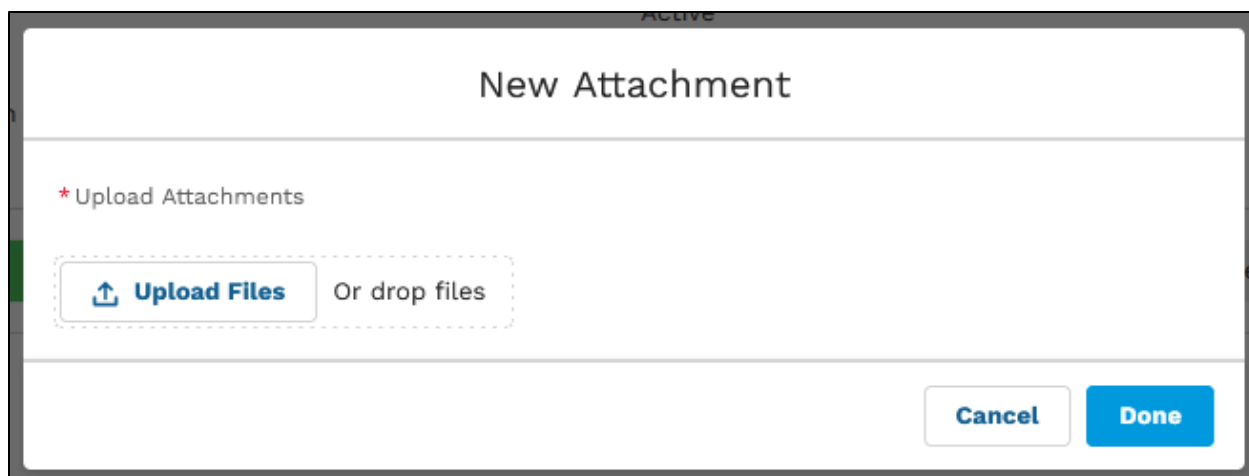


Figure - Upload Attachment page

Upload attachment or drag and drop attachment and click on 'Done' button to return to documents tab or click on 'Cancel' button to cancel and go back to documents tab.

Clicking on 'next' button will display below screen.

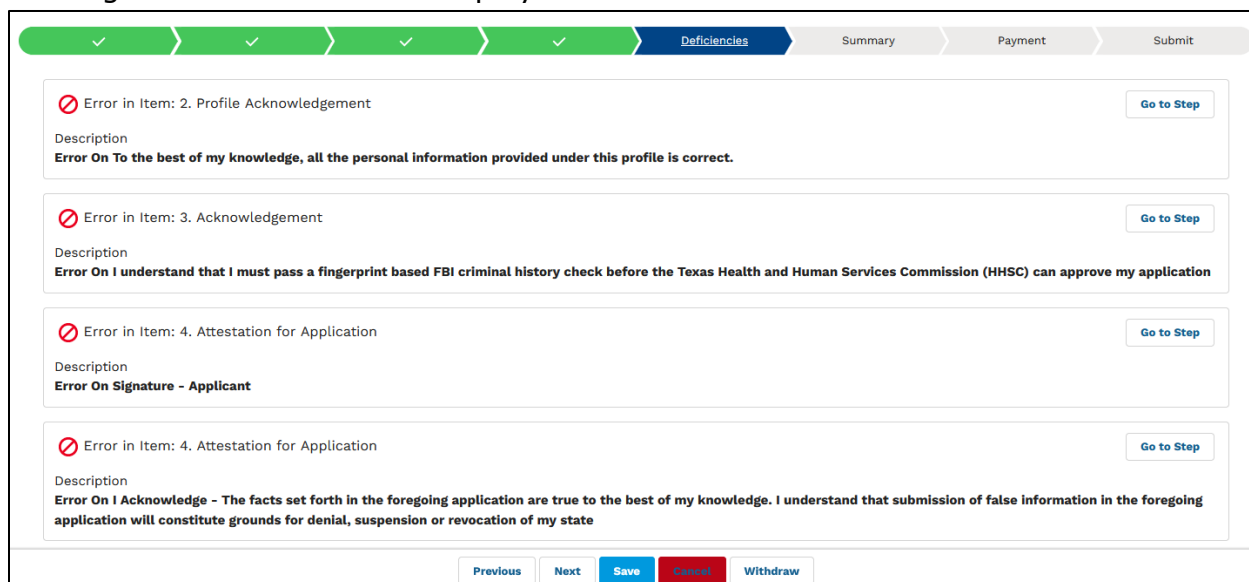
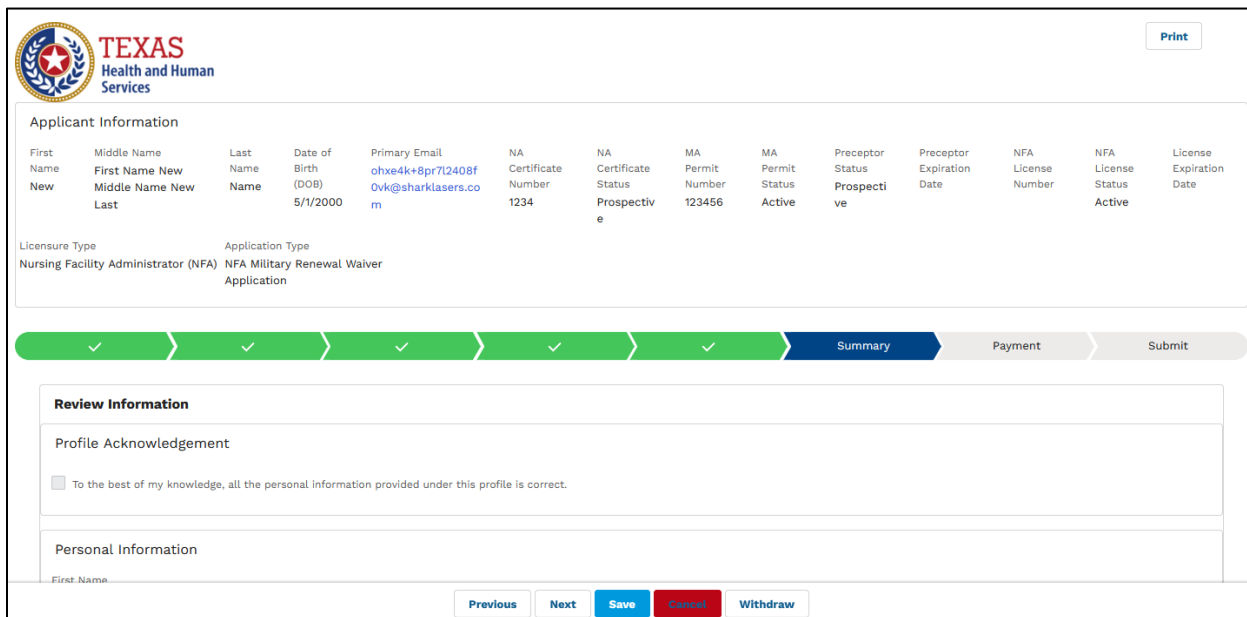


Figure - Deficiencies tab

System will automatically display the deficiencies on this tab. Please review the deficiencies and click on 'Go to Step' button and system will automatically take you to the deficiency, address the deficiencies and come back to the 'Deficiencies' tab.

If you do not have any deficiencies to address, please click on 'next' button to proceed to below screen.



TEXAS Health and Human Services Print

Applicant Information

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
New	First Name New	Middle Name New	5/1/2000	ohxe4k+8pr7l2408f0vk@sharklasers.com	1234	Prospective	123456	Active	Prospective			Active	

Licensure Type: Nursing Facility Administrator (NFA)
Application Type: NFA Military Renewal Waiver Application

Progress: [✓] [✓] [✓] [✓] [✓] **Summary** [Payment] [Submit]

Review Information

Profile Acknowledgement

☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Personal Information

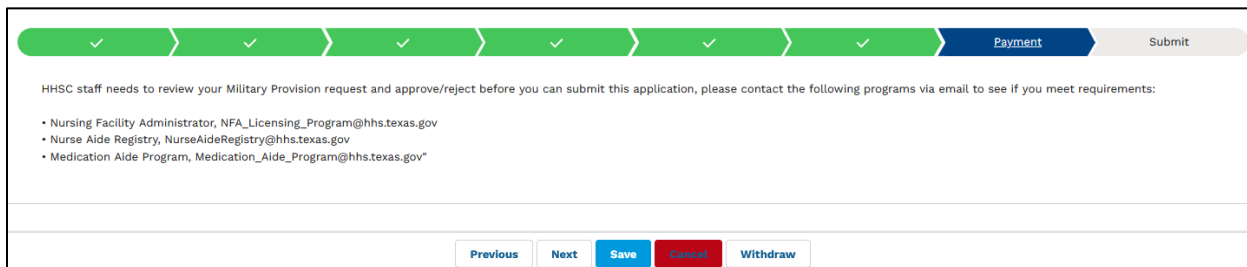
First Name

Previous Next Save Cancel Withdraw

Figure - Summary tab

Click on 'Print' button to print the application.

Clicking on 'next' button will display below screen.



Progress: [✓] [✓] [✓] [✓] [✓] [✓] **Payment** [Submit]

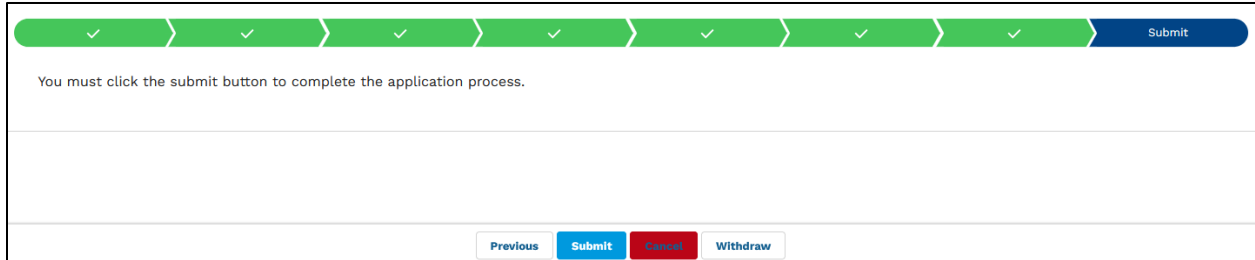
HHSC staff needs to review your Military Provision request and approve/reject before you can submit this application, please contact the following programs via email to see if you meet requirements:

- Nursing Facility Administrator, NFA_Licensing_Program@hhs.texas.gov
- Nurse Aide Registry, NurseAideRegistry@hhs.texas.gov
- Medication Aide Program, Medication_Aide_Program@hhs.texas.gov

Previous Next Save Cancel Withdraw

Figure - Payment tab

Clicking on 'next' button will display below screen.

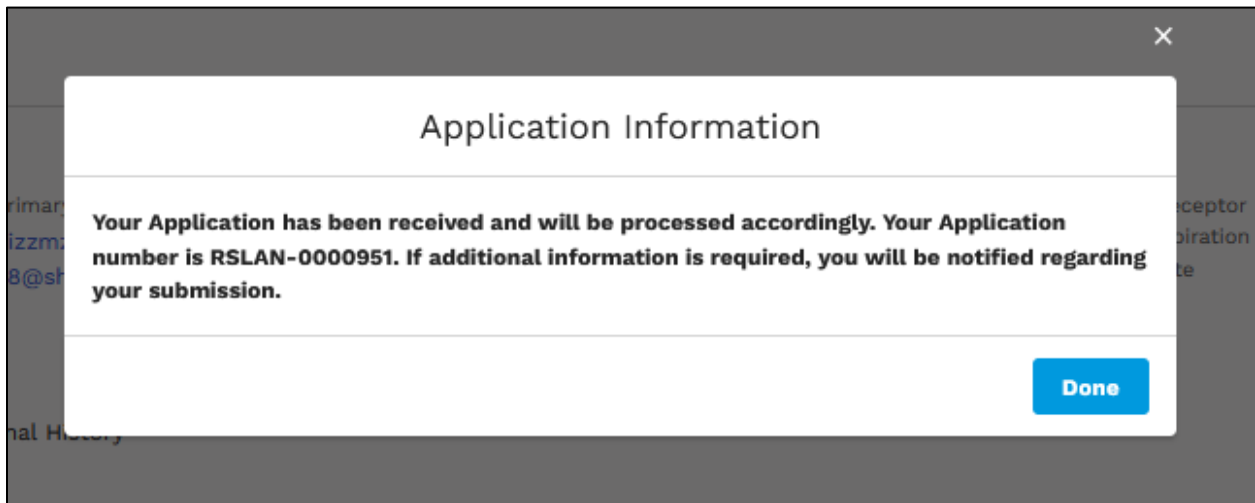


The screenshot shows a progress bar at the top with seven green segments, each containing a white checkmark. The final segment on the right is a blue button labeled 'Submit'. Below the progress bar, the text reads: 'You must click the submit button to complete the application process.' At the bottom of the form, there are four buttons: 'Previous' (disabled), 'Submit' (active), 'Cancel' (disabled), and 'Withdraw' (disabled).

Figure - Submit tab

Clicking on 'submit' button will display below confirmation screen with application number.

Note: 'Submit' button will be disabled if payment was not made.



The screenshot shows a modal window titled 'Application Information'. The text inside reads: 'Your Application has been received and will be processed accordingly. Your Application number is RSLAN-0000951. If additional information is required, you will be notified regarding your submission.' A blue 'Done' button is located at the bottom right of the modal.

Figure - Confirmation tab

Click on 'Done' to exit to home page.

Your application has been successfully submitted!!!

4.11. Renewal Application

Please go to section [4. Nursing Facility Administrator Applications](#) for steps on how to get to below screen.

Note: This application is applicable to applicants who are licensed and who hold an 'Active' or 'Inactive' professional license with state of Texas.

To create and submit this application, please follow below steps.

1. Select 'No' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'
2. Select 'No' for question 'Do you want to start a Name Change Application?'
3. Select 'Nursing Facility Administrator (NFA)' for question 'Please select a Licensure type to start an application'
4. Select 'Renewal Application' for question 'Please select an application'
5. Click 'Next' to view the application

Note: Fields marked with * are required.

After you click next, system will display below screen to review or edit your information.

Personal Inform...
Acknowledgeme...
Continuing Educ...
Attestation for ...
Military Provision
Documents
Deficiencies
Summary
Payment
Submit

Profile Acknowledgement
Add Deficiencies

☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

Personal Information
Add Deficiencies

First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

Next
Save
Cancel
Withdraw

Figure - Personal information tab

Please review the information and acknowledge by clicking the check box or click on the button 'click here' to update the information such as Gender, Phone Numbers, Mailing address and preferred method of communication.

Clicking on the link/button 'click here' will display below screen.

Profile Information

First Name
New

Middle Name
First Name New Middle Name New Last

Last Name
Name

SSN
123-45-1234

* Phone
1111111111

Alternate Phone
2222222223

* Address Line1
TEST new

Address Line2
1001

* City
newyork1

* State
TN

* ZipCode
12345-1164

* Method of Communication for Fingerprinting
Email

Save Profile **Cancel**

Figure - Update Personal information page

Click on button 'save profile' to save the updates and go back to 'personal information' tab or click on 'cancel' button to exit to 'personal information' tab without saving the information.

Personal Inform... Acknowledgeme... Continuing Educ... Attestation for ... Military Provision Documents Deficiencies Summary Payment Submit

Profile Acknowledgement [Add Deficiencies](#)

* ☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

Personal Information [Add Deficiencies](#)

First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

[Next](#) [Save](#) [Cancel](#) [Withdraw](#)

Figure - Personal information tab

Click on 'next' button to proceed to next tab, 'save' button to save the information entered on this tab, 'cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Acknowledgement' tab in a multi-step application process. The top navigation bar includes tabs: Acknowledgement (active), Continuing Educ..., Attestation for ..., Military Provision, Documents, Deficiencies, Summary, Payment, and Submit. The Acknowledgement section contains two required checkboxes:

- ☐ I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application.
- ☐ I understand that I must submit all official college transcripts needed in order to apply for a license.

At the bottom, there are buttons: Previous, Next, Save, Cancel, and Withdraw. An 'Add Deficiencies' button is located in the top right corner of the Acknowledgement section.

Figure - Acknowledgement tab

Click on 'previous' button to go to previous tab, 'next' button to proceed to next tab, 'save' button to save the information entered on this tab, 'cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Continuing Education' tab. The top navigation bar is the same as the previous tab, with 'Continuing Ed...' now active. The main section is titled 'Continuing Education' and includes a table with the following headers: Id, NAB/HHSC Course, Course Number, Sponsor Name, CEU Status, and Delete. Below the table, there is a note: 'Please make sure that all relevant continuing education units required for renewal have been updated in the system before submitting this application.' and an '+ Add' button. A required checkbox is also present:

- ☐ Preceptor seminar CEUs completed have been updated

At the bottom, the same navigation buttons are present: Previous, Next, Save, Cancel, and Withdraw. An 'Add Deficiencies' button is in the top right corner.

Figure - Continuing Education tab

Click on the button 'Add' to add continuing education information.

Add CEU

* Continuing Education Course Code

--None--

Course Number

Course Name

Total CEU

Ethics CEU

Sponsor Name

Date Completed

Transcript

Upload Files Or drop files

CEU Status

--None--

Comments

Cancel Save

Figure - Add Continuing Education page

Clicking on 'save' button will save the record, clicking on 'cancel' button will not save the record and will take the user back to work history tab.

Clicking on 'save' button will display below screen.

The screenshot shows the 'Continuing Education' tab in the NFA Licensing system. The top navigation bar includes tabs: Continuing Ed..., Attestation fo..., Military Provis..., Documents, Deficiencies, Summary, Payment, and Submit. The 'Continuing Education' tab is active. Below the navigation bar, there is a section titled 'Continuing Education' with a table. The table has columns: Id, NAB/HHSC Course, Course Number, Sponsor Name, CEU Status, and Delete. Below the table, there is a message: 'Please make sure that all relevant continuing education units required for renewal have been updated in the system before submitting this application.' and a '+ Add' button. There is also a checkbox labeled 'Preceptor seminar CEUs completed have been updated'. At the bottom, there are buttons: Previous, Next, Save, Cancel, and Withdraw.

Id	NAB/HHSC Course	Course Number	Sponsor Name	CEU Status	Delete
----	-----------------	---------------	--------------	------------	--------

Figure - Continuing Education tab

Clicking on 'next' button will display below screen.

The screenshot shows the 'Attestation for Application' tab in the NFA Licensing system. The top navigation bar includes tabs: Continuing Ed..., Attestation fo..., Military Provis..., Documents, Deficiencies, Summary, Payment, and Submit. The 'Attestation for Application' tab is active. Below the navigation bar, there is a section titled 'Attestation for Application' with a form. The form includes a checkbox labeled 'I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certification'. There is also a text input field for 'Signature - Applicant' and a date input field for 'Date' (Oct 4, 2021). At the bottom, there are buttons: Previous, Next, Save, Cancel, and Withdraw.

Figure - Attestation for Application tab

Clicking on 'next' button will display below screen.

The screenshot shows the 'Military Provision' tab in the NFA Licensing system. At the top, a progress bar indicates the current step is 'Military Provis...', with previous steps marked with checkmarks and subsequent steps (Documents, Deficiencies, Summary, Payment, Payment 2, Submit) shown as greyed-out tabs. The main content area is titled 'Military Provision' and includes a question: 'Do you think qualify for a Military Provision?'. Below this is a dropdown menu currently set to 'No'. A detailed paragraph explains that military service members or veterans may have met licensing requirements due to their service or training, and that military spouses may also qualify. It further states that modifications to renewal requirements may be available for some military service members on active duty. Below this, a note says: 'If you selected yes and are interested in applying under a military provision, please contact the following programs via email to see if you meet requirements:'. A bulleted list follows: Nursing Facility Administrator, NFA_Licensing_Program@hhs.texas.gov; Nurse Aide Registry, NurseAideRegistry@hhs.texas.gov; and Medication Aide Program, Medication_Aide_Program@hhs.texas.gov. At the bottom, there are navigation buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'. An 'Add Deficiencies' button is located in the top right corner of the main content area.

Figure - Military Provision tab

Clicking on 'next' button will display below screen.

The screenshot shows the 'Documents' tab in the NFA Licensing system. The progress bar at the top shows 'Documents' as the current step, with previous steps marked with checkmarks and subsequent steps (Deficiencies, Summary, Payment, Submit) shown as greyed-out tabs. The main content area is titled 'The applicant must upload the following document(s) for this application:'. It lists three requirements: 1.) A copy of Social Security Card, 2.) Military person/Spouse supporting Documentation (for applicants who qualify for a Military Provision), and 3.) Please use the "Add Additional Attachment" button to attach any additional documents." A blue button labeled '+ Add Additional Attachment' is located to the right of the list. Below the list, there are two document upload sections. The first section is for 'Military person/Spouse supporting Documentation' and the second is for 'Copy of your Social Security Card'. Each section has an 'Add Deficiency' and 'Delete' button. Below each document name is an 'Upload Attachments' area with an 'Upload Files' button and 'Or drop files' text. A red message 'This document is required' is visible at the bottom right of the document upload area. At the bottom, there are navigation buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure - Documents tab

This screen allows applicants to upload files or drag and drop files into pre-provided documents list.

To upload additional attachments, click on button 'Add Additional Attachment' to see below screen.

A screenshot of a web form titled "New Attachment". The form has a white background with a thin grey border. At the top, the title "New Attachment" is centered in a bold, dark grey font. Below the title, there are two input fields. The first is labeled "* Name" in a small, dark grey font, with a red asterisk indicating a required field. The input field is empty and has a light grey border. Below this is a larger text area labeled "Description" in a small, dark grey font. The text area is empty and has a light grey border. At the bottom right of the form, there are two buttons: a "Cancel" button with a light grey background and dark grey text, and a "Next" button with a blue background and white text.

Figure - Add new additional attachment page

Enter attachment name, description and click next to see below screen.

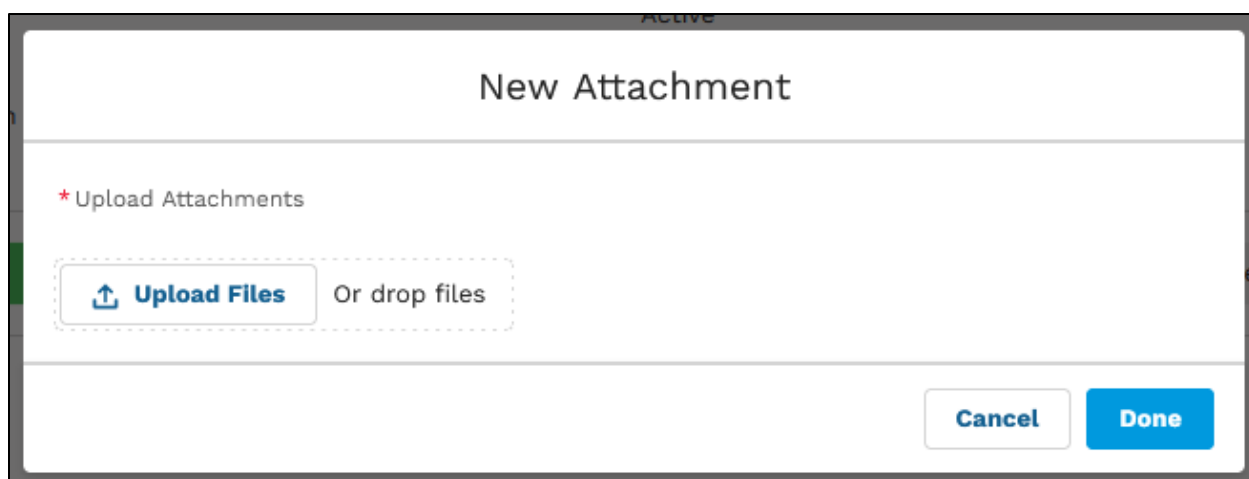
A screenshot of a web form titled "New Attachment". The form has a white background with a thin grey border. At the top, the title "New Attachment" is centered in a bold, dark grey font. Below the title, there is a section labeled "* Upload Attachments" in a small, dark grey font, with a red asterisk indicating a required field. Below this label, there is a dashed border box containing an "Upload Files" button with a blue background and white text, and the text "Or drop files" in a small, dark grey font. At the bottom right of the form, there are two buttons: a "Cancel" button with a light grey background and dark grey text, and a "Done" button with a blue background and white text.

Figure - Upload Attachment page

Upload attachment or drag and drop attachment and click on 'Done' button to return to documents tab or click on 'Cancel' button to cancel and go back to documents tab.

Clicking on 'next' button will display below screen.

Deficiencies Summary Payment Submit

Error in Item: 2. Profile Acknowledgement [Go to Step](#)

Description
Error On To the best of my knowledge, all the personal information provided under this profile is correct.

Error in Item: 3. Acknowledgement [Go to Step](#)

Description
Error On I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application

Error in Item: 5. Continuing Education [Go to Step](#)

Description
Error On Preceptor seminar CEUs completed have been updated

Previous Next **Save** Cancel Withdraw

Figure - Deficiencies tab

System will automatically display the deficiencies on this tab. Please review the deficiencies and click on 'Go to Step' button and system will automatically take you to the deficiency, address the deficiencies and come back to the 'Deficiencies' tab.

If you do not have any deficiencies to address, please click on 'next' button to proceed to below screen.

TEXAS Health and Human Services

Print

Applicant Information

First Name	Middle Name	Last Name	Date of Birth	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
New	First Name New	Name	5/1/2000	ohxe4k+8pr7l2408f Ovk@sharklasers.co m	1234	Prospective	123456	Active	Prospective			Active	

Licensure Type: Nursing Facility Administrator (NFA) Application Type: NFA - Renewal

Summary Payment Submit

Review Information

Profile Acknowledgement

To the best of my knowledge, all the personal information provided under this profile is correct.

☐

Personal Information

Previous Next **Save** Cancel Withdraw

Figure - Summary tab

Click on 'Print' button to print the application.

Clicking on 'next' button will display below screen.

Figure - Payment tab

If you do not qualify for military provision, you can pay for the application using one of the three available payment types

1. ACH
2. Credit Card
3. Paper Check/Money Order

Please refer to section [5.4 How to pay for applications?](#) for steps on how to make payment and return to application to submit the application.

After you complete the payment, click on 'next' button to proceed to below screen.

Figure - Submit tab

Clicking on 'submit' button will display below confirmation screen with application number.

Note: 'Submit' button will be disabled if payment was not made.

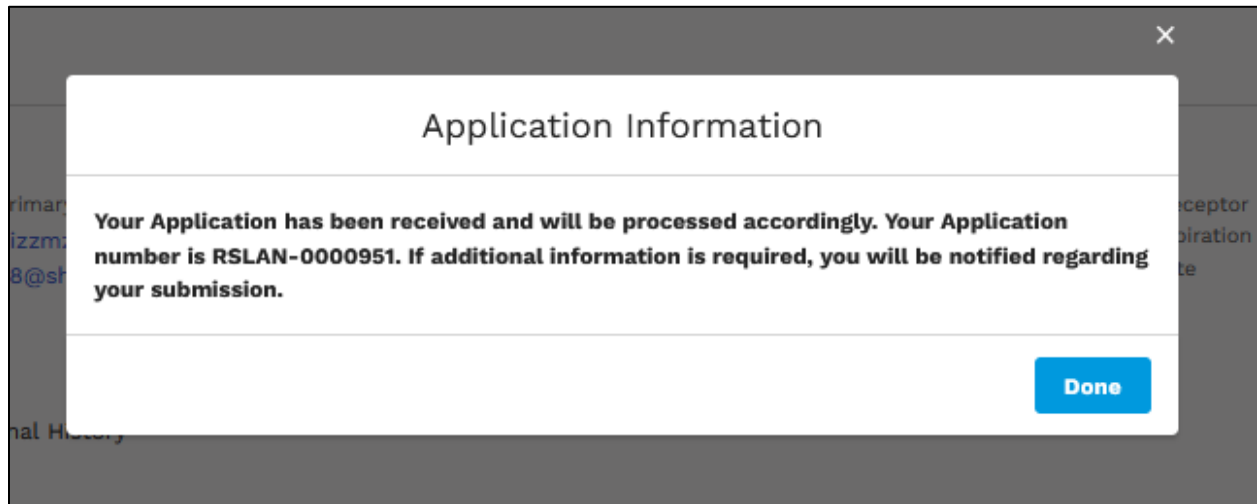


Figure - Confirmation tab

Click on 'Done' to exit to home page.

Your application has been successfully submitted!!!

4.12. Name Change Application

Please go to section [Error! Reference source not found.. Error! Reference source not found.](#) for steps on how to get to below screen.

Note: This application is applicable to applicants who are licensed and who hold an 'Active' professional license with state of Texas.

To create and submit this application, please follow below steps.

1. Select 'No' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'
2. Select 'Yes' for question 'Do you want to start a Name Change Application?'
3. Select 'Name Change Application' for question 'Please select an application?'
4. Click 'Next' to view the application.

After you click next, system will display below screen to enter your information.

TEXAS Health and Human Services

Applicant Information

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
New	First Name New	Name	5/1/2000	ohxe4k+8pr712408f0vk@sharklasers.com	1234	Prospective	123456	Active	Prospective			Active	

Licensure Type: Nursing Facility Administrator (NFA)
Application Type: Name Change

Progress Bar: Personal Information (Active) | Attestation | Documents | Deficiencies | Payment | Summary | Submit

Personal Information

* New First Name:

New Middle Name:

* New Last Name:

Figure - Personal information tab

Enter your information and click next to see below screen.

The screenshot shows the 'Attestation' tab in the application process. The top navigation bar includes tabs for 'Attestation' (active), 'Documents', 'Deficiencies', 'Payment', 'Summary', and 'Submit'. The 'Attestation Acknowledgement' section contains a checkbox for 'I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certification'. Below this are fields for '* Signature - Applicant' and '* Date'. A 'Back' button is at the bottom left, and 'Next', 'Save', 'Cancel', and 'Withdraw' buttons are at the bottom right. An 'Add Deficiencies' button is in the top right corner.

Figure - Attestation for Application tab

Clicking on 'next' button will display below screen.

The screenshot shows the 'Documents' tab in the application process. The top navigation bar includes tabs for 'Documents' (active), 'Deficiencies', 'Payment', 'Summary', and 'Submit'. The main content area has a heading 'Please submit supporting documentation of name change such as final divorce decree or marriage license.' and an 'Add Deficiencies' button. Below this are two sections for uploading documents: 'Copy of picture ID showing new name' and 'Name change application supporting documents'. Each section has an 'Upload Attachments test' button and an 'Upload Files' button. A red message 'This document is required' is displayed next to each section. A '+ Add Additional Attachment' button is in the top right corner. At the bottom, there are 'Back', 'Next', 'Save', 'Cancel', and 'Withdraw' buttons.

Figure - Documents tab

To upload attachments, click on button 'Add Additional Attachment' to see below screen.

Figure - Add new additional attachment page

Enter attachment name and description and click save to see below screen.

Figure - Documents tab

Click next to see below screen. System will display deficiencies if any of the required fields or information is not entered.

The screenshot shows the 'Deficiencies' tab in the NFA Licensing system. At the top, a progress bar indicates the current step is 'Deficiencies', with previous steps marked with checkmarks and subsequent steps ('Payment', 'Summary', 'Submit') in grey. Below the progress bar, there are four error items, each with a red circle icon containing a white 'X'. Each item has a 'Go to Step' button on the right. The errors are:

- Error in Item: 1. Name Change
Description: Error On Name Change
- Error in Item: 2. Attestation Acknowledgement
Description: Error On Attestation Acknowledgement
- Error in Item: 3. Documents
Description: Error On Name change application supporting documents
- Error in Item: 3. Documents
Description: Error On Copy of picture ID showing new name

At the bottom of the screen, there are five buttons: 'Back' (light blue), 'Next' (blue), 'Save' (blue), 'Cancel' (red), and 'Withdraw' (light blue).

Figure - Deficiencies tab

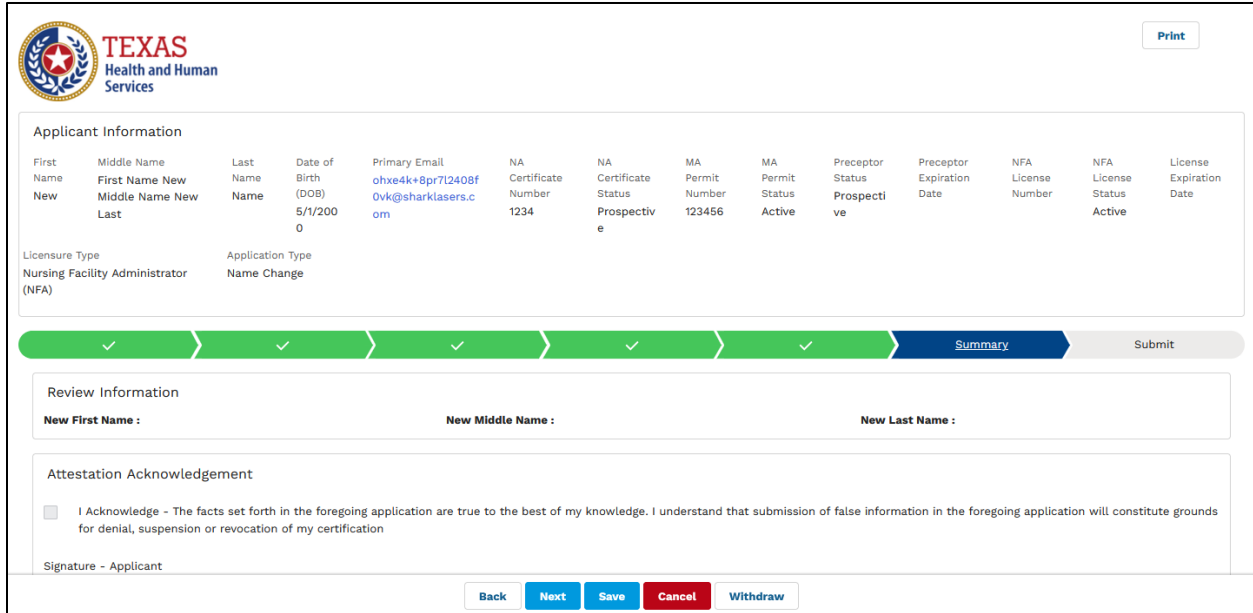
Clicking on 'next' button will display below screen.

The screenshot shows the 'Payment' tab in the NFA Licensing system. The progress bar at the top shows the current step is 'Payment', with previous steps marked with checkmarks and subsequent steps ('Summary', 'Submit') in grey. Below the progress bar, the text reads: "This application does not require payment, please proceed to the next step." At the bottom of the screen, there are five buttons: 'Back' (light blue), 'Next' (blue), 'Save' (blue), 'Cancel' (red), and 'Withdraw' (light blue).

Figure - Payment tab

Note: This application does not require payment.

Clicking on 'next' button will display below screen.



TEXAS
Health and Human
Services

[Print](#)

Applicant Information

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
New	First Name New	Name	5/1/2000	ohxe4k+8pr7l2408f 0vk@sharklasers.com	1234	Prospective	123456	Active	Prospective			Active	

Licensure Type: Nursing Facility Administrator (NFA)
Application Type: Name Change

Progress Bar: ✓ ✓ ✓ ✓ ✓ **Summary** Submit

Review Information

New First Name : New Middle Name : New Last Name :

Attestation Acknowledgement

☐ I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certification

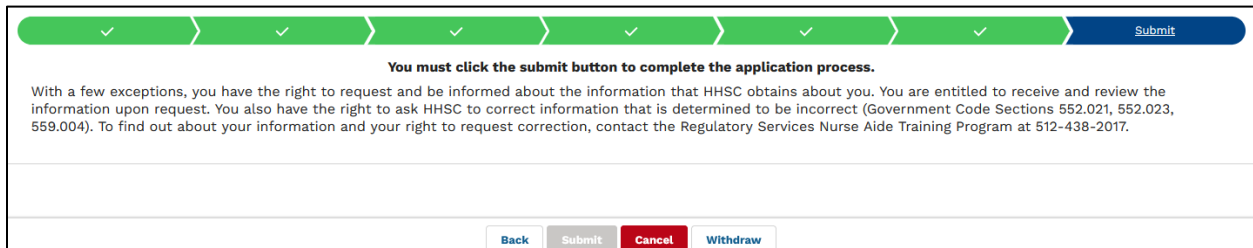
Signature - Applicant

[Back](#) [Next](#) [Save](#) [Cancel](#) [Withdraw](#)

Figure - Summary tab

Click on 'Print' button to print the application.

Clicking on 'next' button will display below screen.



Progress Bar: ✓ ✓ ✓ ✓ ✓ ✓ **Submit**

You must click the submit button to complete the application process.

With a few exceptions, you have the right to request and be informed about the information that HHSC obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask HHSC to correct information that is determined to be incorrect (Government Code Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, contact the Regulatory Services Nurse Aide Training Program at 512-438-2017.

[Back](#) [Submit](#) [Cancel](#) [Withdraw](#)

Figure - Submit tab

Note: Submit button will be disabled if deficiencies have not been cleared for application.

Clicking on 'submit' button will display below confirmation screen with application number.

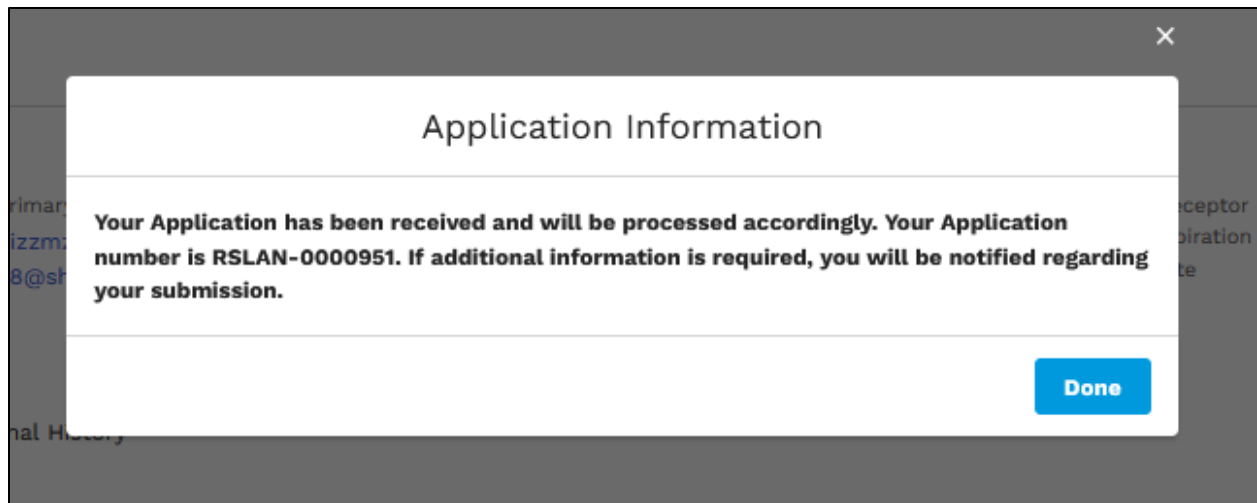


Figure - Confirmation page

Click on 'Done' to exit to home page.

Your application has been successfully submitted!!!

4.13. Request for Criminal History Evaluation Letter

Please go to section [Error! Reference source not found.. Error! Reference source not found.](#) for steps on how to get to below screen.

To request for criminal history evaluation letter, please select 'yes' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'. System will display below screen.

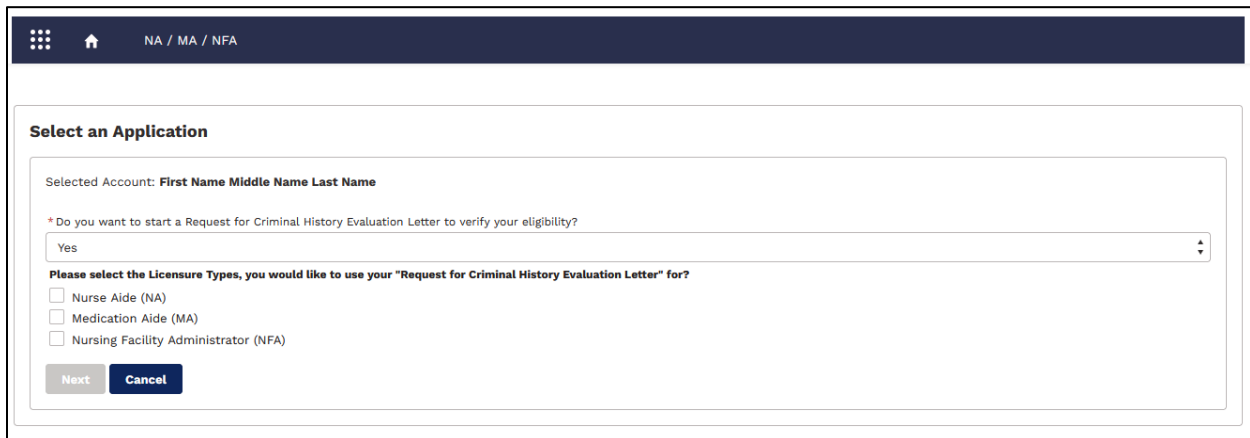
The screenshot shows a web application interface for selecting an application. At the top, there is a dark blue header bar with a grid icon, a home icon, and the text 'NA / MA / NFA'. Below the header, the main content area is titled 'Select an Application'. Inside this area, there is a form with a light gray border. The form contains the following elements: a label 'Selected Account: First Name Middle Name Last Name'; a question '* Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?' with a dropdown menu showing 'Yes'; a label 'Please select the Licensure Types, you would like to use your "Request for Criminal History Evaluation Letter" for?'; three radio button options: 'Nurse Aide (NA)', 'Medication Aide (MA)', and 'Nursing Facility Administrator (NFA)'; and two buttons at the bottom: 'Next' (disabled) and 'Cancel' (active).

Figure - Select an Application page

Select your licensure type and click 'Next' button to see below screen.

Note: Fields marked with * are required.

Personal Information
Questionnaire
Acknowledgement
Attestation for Application
Deficiencies
Summary
Submit

Profile Acknowledgement
Add Deficiencies

☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

Personal Information
Add Deficiencies

First Name	New
Middle Name	First Name New Middle Name New Last
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
Method of Communication (Fingerprinting)	Email

Next
Save
Cancel
Withdraw

Figure - Personal information tab

Please review the information and acknowledge by clicking the check box or click on the button 'click here' to update the information such as Gender, Phone Numbers, Mailing address and preferred method of communication.

Clicking on the link/button 'click here' will display below screen.

Profile Information

First Name
First

Middle Name

Name Last Name
Last Name
0522

SSN
121-21-2121

* Gender
Male

* Phone
1111111111

Alternate Phone
2222222222

* Primary Email
oizzmz+556wq39cxv458@sharklasers.com

* Mailing Street
101 Test Streett

Apt Number
101

* Mailing City
Austinn

* Mailing State
TX

* Mailing ZipCode
11111

* Method of Communication for Fingerprinti
--None--

Save Profile Cancel

Figure - Update Personal information page

Click on button 'save profile' to save the updates and go back to 'personal information' tab or click on 'cancel' button to exit to 'personal information' tab without saving the information.

Personal Information Questionnaire Acknowledgement Attestation for Application Deficiencies Summary Submit

Profile Acknowledgement Add Deficiencies

* ☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

Personal Information Add Deficiencies

First Name	New
Middle Name	First Name New Middle Name New Last
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
Method of Communication (Fingerprinting)	Email

Next Save Cancel Withdraw

Figure - Personal information tab

Click on 'next' button to proceed to next tab, 'save' button to save the information entered on this tab, 'cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Questionnaire' tab in a multi-step process. The top navigation bar includes: a green checkmark icon, 'Questionnaire' (active), 'Acknowledgement', 'Attestation for Application', 'Deficiencies', 'Summary', and 'Submit'. The main content area is titled 'Questionnaire' and includes an 'Add Deficiencies' button. It features a selection interface with 'Available' options (Certified Nurse Aide (...), Medication Aide Per..., Nursing Facility Admi...) and a 'Chosen' box. A text prompt asks: 'I will enroll, am enrolled in an educational program, or I plan to take the examination for an initial:'. Below this is a text area for 'I believe that I am ineligible for a license because of my conviction or deferred adjudication for the following felony or misdemeanor offenses:'. At the bottom are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure - Questionnaire tab

Click on 'previous' button to go to previous tab, 'next' button to proceed to next tab, 'save' button to save the information entered on this tab, 'cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Acknowledgment' tab. The top navigation bar includes: a green checkmark icon, another green checkmark icon, 'Acknowledgment' (active), 'Attestation for Application', 'Deficiencies', 'Summary', and 'Submit'. The main content area is titled 'Criminal History Letter Acknowledge' and includes an 'Add Deficiencies' button. It contains two checkbox questions: '* ☐ I request a criminal history evaluation letter determining whether I am eligible for a license based on the criminal history I have provided. I understand that the evaluation letter may not address evidence I do not disclose on this request or evidence that was not reasonably available to HHSC at the time of my request, and that the letter will not address other eligibility requirements.' and '* ☐ I understand there will be a fingerprinting based criminal background check linked to this request the results of which will be used while reviewing license application requirements'. Below these is the text 'Allow two weeks for processing'. At the bottom are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure - Acknowledgment tab

Clicking on 'next' button will display below screen.

The screenshot shows the 'Attestation for Application' tab. At the top, a progress bar has four green checkmarks followed by the 'Attestation for Application' tab, which is highlighted in blue. Other tabs include 'Deficiencies', 'Summary', and 'Submit'. The main content area is titled 'Attestation for Application' and includes a checkbox for 'I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certification'. Below this is a signature field labeled '* Signature - Applicant' and a date field labeled '* Oct 4, 2021' with a calendar icon. At the bottom, there are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure - Attestation for Application tab

Clicking on 'next' button will display below screen.

The screenshot shows the 'Deficiencies' tab. The progress bar at the top has four green checkmarks followed by the 'Deficiencies' tab, which is highlighted in blue. The main content area lists three deficiencies, each with a red circle icon, a title, a description, and a 'Go to Step' button. The deficiencies are: 1. 'Error in Item: 2. Profile Acknowledgement' with description 'Error On To the best of my knowledge, all the personal information provided under this profile is correct.'; 2. 'Error in Item: 4. Criminal History Letter Acknowledge' with description 'Error On I understand there will be a fingerprinting'; and 3. 'Error in Item: 4. Criminal History Letter Acknowledge' with description 'Error On I request a criminal history'. At the bottom, there are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure - Deficiencies tab

System will automatically display the deficiencies on this tab. Please review the deficiencies and click on 'Go to Step' button and system will automatically take you to the deficiency. Address the deficiencies and come back to the 'Deficiencies' tab.

If you do not have any deficiencies to address, please click on 'next' button to proceed to below screen.

Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the 'Summary' tab of the NFA Licensing application process. At the top left is the Texas Health and Human Services logo. A 'Print' button is in the top right. Below the logo is the 'Applicant Information' section, which contains a table with the following data:

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
New	First Name New	Middle Name New	5/1/2000	ohxe4k+8pr7l2408f0vk@sharklasers.com	1234	Prospective	123456	Active	Prospective			Active	

Below the table, there are two fields: 'Licensure Type' with the value 'All' and 'Application Type' with the value 'Request for Criminal History Evaluation Letter'. A progress bar with six green checkmarks and a blue 'Summary' button is shown. Below this is the 'Review Information' section, which includes a 'Profile Acknowledgement' checkbox (unchecked) and a 'Personal Information' section with fields for 'First Name' (New), 'Middle Name' (First Name New Middle Name New Last), and 'Date of Birth' (5/1/2000). At the bottom are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure - Summary tab

Click on 'Print' button to print the application.

Clicking on 'next' button will display below screen.

The screenshot shows the 'Submit' tab of the NFA Licensing application process. At the top left is the Texas Health and Human Services logo. Below the logo is the 'Applicant Information' section, which contains a table with the following data:

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
First	Name	0522	5/1/2000	oizzmz+556wq39cxv458@sharklasers.com	111111	Active	222	Active				Prospective	

Below the table, there are two fields: 'Licensure Type' with the value 'All' and 'Application Type' with the value 'Request for Criminal History Evaluation Letter'. A progress bar with five green checkmarks and a blue 'Submit' button is shown. Below this is a message: 'You must click the submit button to complete the application process.' At the bottom are buttons for 'Previous', 'Submit', 'Cancel', and 'Withdraw'.

Figure - Submit tab

Clicking on 'submit' button will display below confirmation screen with application number.

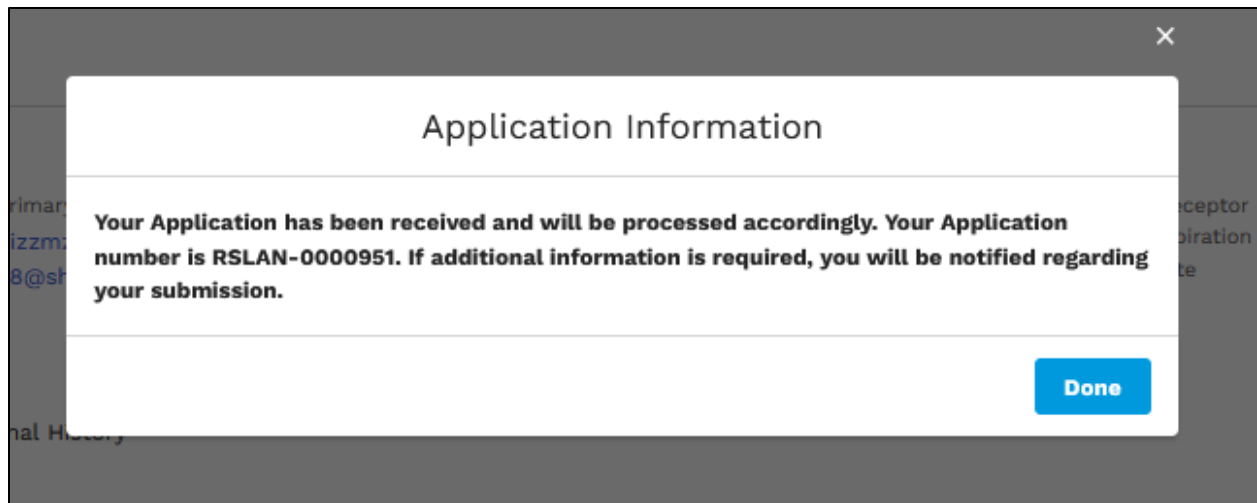


Figure - Confirmation page

Click on 'Done' to exit to home page.

Your application has been successfully submitted!

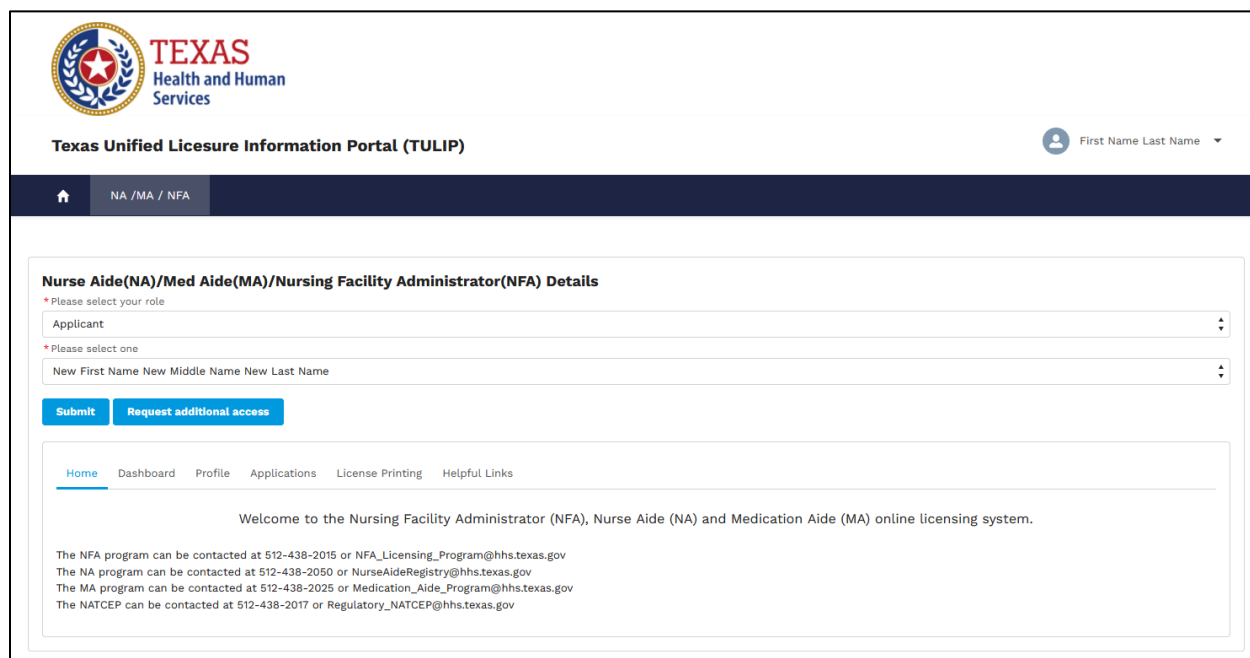
5. Other Information

5.1. How to Withdraw an application?

This section is applicable to applicants who want to withdraw their incomplete applications or applications which have not been submitted.

To withdraw an application, please follow below steps.

Go to NA/MA/NFA tab and select your role as 'Applicant' and select the applicant name to see below screen.



The screenshot shows the Texas Unified Licensure Information Portal (TULIP) home page. At the top left is the Texas Health and Human Services logo. Below it, the text "Texas Unified Licensure Information Portal (TULIP)" is displayed. On the right, there is a user profile icon and the text "First Name Last Name". Below the header is a dark blue navigation bar with a home icon and the text "NA / MA / NFA". The main content area has a title "Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details". Below the title are two dropdown menus: the first is labeled "Please select your role" and has "Applicant" selected; the second is labeled "Please select one" and has "New First Name New Middle Name New Last Name" selected. Below these are two buttons: "Submit" and "Request additional access". At the bottom, there is a navigation menu with links: "Home", "Dashboard", "Profile", "Applications", "License Printing", and "Helpful Links". Below the navigation menu is a welcome message: "Welcome to the Nursing Facility Administrator (NFA), Nurse Aide (NA) and Medication Aide (MA) online licensing system." At the very bottom, there is contact information for the NFA, NA, MA, and NATCEP programs.

Figure - Applicant home page

Click on the Applications' tab to see below screen.

Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details

* Please select your role
Applicant

* Please select one
New First Name New Middle Name New Last Name

Submit **Request additional access**

Home Dashboard Profile **Applications** License Printing Helpful Links

Click on Application ID in order to continue with the application process or to check the status.

Credentialed Applications
All Applications

New Credentialing Application

5+ items • Sorted by RS Licensing Application ID • Filtered by All credentialing applications • Updated a few seconds ago

	RS Licensing ...	L...	FL...	N...	Date...	Application Type	Licensure Type	Applic...	Last Modified By	Last Modifie...	M...	N...
1	RSLAN-0002862	Name	New	1234	10/7/2021	Name Change	Med Aide (MA)	Incomplete	First Name Last Na...	10/7/2021 7:38 ...	1234...	
2	RSLAN-0002859	Name	New	1234	10/6/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/6/2021 11:00 ...	1234...	
3	RSLAN-0002858	Name	New	1234	10/6/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/6/2021 10:58...	1234...	
4	RSLAN-0002857	Name	New	1234	10/5/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/5/2021 11:07 ...	1234...	
5	RSLAN-0002856	Name	New	1234	10/5/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/5/2021 2:06 ...	1234...	

[Load More](#)

Figure - Applications page

Applications tab will display a button called 'New Credentialing Application' to create new applications and also display previously submitted applications by you.

Select an application from the list or click on 'load more' to see more applications.

Click on application number (example RSLAN-0000000) to open an application which is in 'Incomplete' status. Application will be displayed as shown below.

TEXAS
Health and Human
Services

Applicant Information

First Name	Middle Name	Last Name	Date of Birth	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
New	First Name New	Last Name New	5/1/2000	ohxe4k+8pr7l2408f 0vk@sharklasers.co m	1234	Prospectiv e	123456	Active	Prospecti ve			Active	

Licensure Type: Med Aide (MA) Application Type: Name Change

Personal Information Attestation Documents Deficiencies Payment Summary Submit

Personal Information [Add Deficiencies](#)

* New First Name

New Middle Name

* New Last Name

[Back](#) [Next](#) [Save](#) [Cancel](#) [Withdraw](#)

Figure - Application page

Clicking on 'Withdraw' button will display below screen.

The screenshot shows the Texas Health and Human Services applicant portal. A modal dialog box is displayed in the center, asking for confirmation to withdraw the application RSLAN-0002862. The dialog box has 'OK' and 'Cancel' buttons. The background shows the applicant's information, including First Name, Middle Name, Last Name, Date of Birth, Primary Email, and License Type (Med Aide (MA)). The application type is 'Name Change'. The bottom of the screen shows a navigation bar with tabs: Personal Information, Attestation, Documents, Deficiencies, Payment, Summary, and Submit. The 'Personal Information' tab is selected, and the 'Withdraw' button is visible at the bottom right.

Figure - Withdraw confirmation page

Click on 'Ok' button to continue or click on 'Cancel' button to cancel and go back to application page.

Clicking on 'Ok' button will display below confirmation message and withdraw the application.

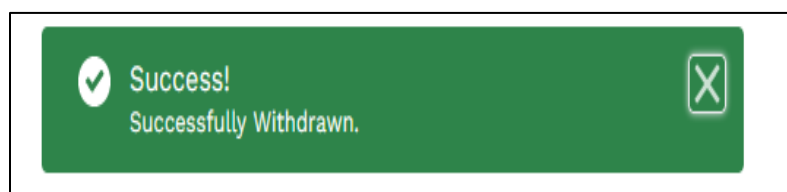


Figure - Withdraw confirmation message page

Click on 'NA/MA/NFA' tab to go back to applicant home page.


Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants



Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details
* Please select your role
Applicant
* Please select one
New First Name New Middle Name New Last Name

[Submit](#) [Request additional access](#)

[Home](#) [Dashboard](#) [Profile](#) [Applications](#) [License Printing](#) [Helpful Links](#)

Click on Application ID in order to continue with the application process or to check the status.

 Credentialing Applications
All Applications

[New Credentialing Application](#)
Q Search this list...  

5+ items • Sorted by RS Licensing Application ID • Filtered by All credentialing applications • Updated a minute ago

	RS Licensing ...	L...	FI...	N...	Date...	Application Type	Licensure Type	Applic...	Last Modified By	Last Modifie...	M...	N...
1	RSLAN-0002862	Name	New	1234	10/7/2021	Name Change	Med Aide (MA)	Withdrawn	First Name Last Na...	10/7/2021 8:51 ...		1234...
2	RSLAN-0002859	Name	New	1234	10/6/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/6/2021 11:00 ...		1234...
3	RSLAN-0002858	Name	New	1234	10/6/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/6/2021 10:58...		1234...
4	RSLAN-0002857	Name	New	1234	10/5/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/5/2021 11:07 ...		1234...
5	RSLAN-0002856	Name	New	1234	10/5/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/5/2021 2:06 ...		1234...

[Load More](#)

Figure - Applications page

5.2. How to address a deficiency cited by HHS staff?

This section is applicable to applicants whose application was cited a deficiency by HHS staff.

To address a deficiency on application, please follow below steps.

Go to NA/MA/NFA tab and select your role as 'Applicant' and select the applicant name to see below screen.

The screenshot shows the Texas Unified Licensure Information Portal (TULIP) home page. At the top left is the Texas Health and Human Services logo. To its right, the text 'Texas Unified Licensure Information Portal (TULIP)' is displayed. On the far right of the header is a user profile icon with the text 'First Name Last Name' and a dropdown arrow. Below the header is a dark blue navigation bar with a home icon and the text 'NA / MA / NFA'. The main content area has a title 'Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details'. Below this title are two dropdown menus: the first is labeled 'Please select your role' and has 'Applicant' selected; the second is labeled 'Please select one' and has 'New First Name New Middle Name New Last Name' selected. Below these are two buttons: 'Submit' and 'Request additional access'. A horizontal navigation bar contains links: 'Home', 'Dashboard', 'Profile', 'Applications', 'License Printing', and 'Helpful Links'. The 'Home' link is underlined. Below the navigation bar is a welcome message: 'Welcome to the Nursing Facility Administrator (NFA), Nurse Aide (NA) and Medication Aide (MA) online licensing system.' At the bottom, there is contact information for the NFA, NA, MA, and NATCEP programs.

Figure - Applicant home page

Click on the Applications' tab to see below screen.

Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details

* Please select your role
Applicant

* Please select one
New First Name New Middle Name New Last Name

[Submit](#) [Request additional access](#)

Home Dashboard Profile **Applications** License Printing Helpful Links

Click on Application ID in order to continue with the application process or to check the status.

Credentialing Applications
All Applications

5+ items • Sorted by RS Licensing Application ID • Filtered by All credentialing applications • Updated a few seconds ago

[New Credentialing Application](#)

Search this list...

	RS Licensing ...	L...	FI...	N...	Date...	Application Type	Licensure Type	Applic...	Last Modified By	Last Modifie...	M...	N...
1	RSLAN-0002862	Name	New	1234	10/7/2021	Name Change	Med Aide (MA)	Incomplete	First Name Last Na...	10/7/2021 7:38 ...	1234...	
2	RSLAN-0002859	Name	New	1234	10/6/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/6/2021 11:00 ...	1234...	
3	RSLAN-0002858	Name	New	1234	10/6/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/6/2021 10:58...	1234...	
4	RSLAN-0002857	Name	New	1234	10/5/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/5/2021 11:07 ...	1234...	
5	RSLAN-0002856	Name	New	1234	10/5/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/5/2021 2:06 ...	1234...	

[Load More](#)

Figure - Applications page

Applications tab will display all applications previously submitted by applicants.

Select the application for which deficiency was cited or application which is in 'Response Required' status.

Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details

* Please select your role
Applicant

* Please select one
First Name Middle Name Last Name 0708

[Submit](#) [Request additional access](#)

Home Dashboard Profile **Applications** License Printing Helpful Links

Click on Application ID in order to continue with the application process or to check the status.

Credentialing Applications
All Applications

1 item • Sorted by RS Licensing Application ID • Filtered by All credentialing applications • Updated a few seconds ago

[New Credentialing Application](#)

Search this list...

	RS Licen...	Last Name	First ...	N...	Date ...	Application Type	Licensur...	Application St...	Last Modified By	Last Modified...	M...	N...
1	RSLAN-0002871	Last Name 0708	First Name		10/13/20...	Initial Med Aide Application	Med Aide (MA)	Response Requir...	Bharath Reddy Ker...	10/17/2021 8:25 AM		

Figure - Applications page

Click on the application number to open the application.

Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the 'Personal Information' tab selected in a navigation bar. The tab bar includes: Personal In... (active), General St..., Experience..., Academic ..., Acknowled..., Attestation..., Military Pro..., Documents, Deficiencies, Summary, Payment, and Submit. The main content area is divided into two sections: 'Profile Acknowledgement' and 'Personal Information'. The 'Profile Acknowledgement' section contains a checkbox labeled 'To the best of my knowledge, all the personal information provided under this profile is correct.' which is checked, and a link 'click here to access the profile'. The 'Personal Information' section contains two identical sets of input fields for First Name, Middle Name, Last Name, and Date of Birth (DOB). The 'Last Name' field is pre-filled with '0708'. At the bottom, there are buttons for 'Next', 'Cancel', 'Save', and 'Withdraw'.

Applicant Information					
First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	Account Phone
First Name	Middle Name	Last Name 0708	7/1/2000	ovdrh9+e40c89eb2uihw@sharklase.com	(123) 456-7890
NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	NFA License Number	NFA License Status
	Prospective		Prospective		Prospective
Licensure Type	Application Type				
Med Aide (MA)	Initial Med Aide Application				

Profile Acknowledgement

☒ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

Personal Information

First Name Middle Name Last Name Date of Birth (DOB)

First Name Middle Name Last Name 0708 7/1/2000

NA Certificate Number NA Certificate Status MA Permit Number MA Permit Status NFA License Number NFA License Status

Prospective Prospective

Licensure Type Application Type

Med Aide (MA) Initial Med Aide Application

Next Cancel Save Withdraw

Figure - Personal information tab

Go to 'Deficiencies tab' to view deficiencies cited by HHS staff.

The screenshot shows the 'Deficiencies' tab selected in the navigation bar. The navigation bar includes: Personal In..., General St..., Experience..., Academic ..., Acknowled..., Attestation..., Military Pro..., Documents, Deficiencies (active), Summary, Payment, and Submit. The main content area shows a deficiency: 'Deficiency in Item Experience Documentation Form'. It includes buttons for 'Add Comment', 'Mark as Addressed', and 'Go to Step'. The deficiency details show 'Resolved' as 'No', 'Addressed by Provider' as 'No', and a description: 'Please correct typo in school name.' At the bottom, there are buttons for 'Previous', 'Next', 'Cancel', 'Save', and 'Withdraw'.

Applicant Information					
First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	Account Phone
First Name	Middle Name	Last Name 0708	7/1/2000	ovdrh9+e40c89eb2uihw@sharklase.com	(123) 456-7890
NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	NFA License Number	NFA License Status
	Prospective		Prospective		Prospective
Licensure Type	Application Type				
Med Aide (MA)	Initial Med Aide Application				

Deficiency in Item Experience Documentation Form

Resolved
No
Addressed by Provider
No
Description
Please correct typo in school name.
Portal Provided Comment

Add Comment Mark as Addressed Go to Step

Previous Next Cancel Save Withdraw

Figure - Deficiencies tab

This screen displays deficiencies related to the application.

Click on button 'Go to Step' to go the tab where deficiency was cited.

The screenshot shows the 'Experience Documentation Form' with a red banner indicating a deficiency: 'This section has deficiencies. Please navigate to Deficiency Tab for more information. Please correct typo in school name.' The form fields include: Training School Name (with a red squiggly line under 'Schoooooool'), Place of Employment, MA School Street, School Street Line 2 (Optional), and School City. The navigation bar at the top shows 'Experience...' as the active tab, with other tabs like 'Academic ...', 'Acknowled...', 'Attestation...', 'Military Pro...', 'Documents', 'Deficiencies', 'Summary', 'Payment', and 'Submit'.

Figure - Deficiency cited tab

Correct the deficiency and go back to deficiency tab. Click on 'Mark as Addressed' and repeat above steps if there are any additional deficiencies cited.

System will change field 'Addressed by Provider' to 'Yes'.

The screenshot shows the 'Deficiencies' tab with a table of applicant information and a list of deficiencies. The table includes fields for First Name, Middle Name, Last Name, Date of Birth (DOB), Primary Email, Account Phone, NA Certificate Number, NA Certificate Status, MA Permit Number, MA Permit Status, NFA License Number, and NFA License Status. The deficiency listed is 'Deficiency in Item Experience Documentation Form' with a description: 'Please correct typo in school name.' The 'Resolved' field is set to 'No' and 'Addressed by Provider' is set to 'Yes'. The navigation bar at the top shows 'Deficiencies' as the active tab, with other tabs like 'Summary', 'Payment', and 'Submit'.

Figure - Deficiencies tab

After all deficiencies have been addressed, System will automatically resubmit the application.

Click on 'NA/MA/NFA' tab to go back to licensing applicant page.

5.3. Incomplete application validation

System will display an error message to licensing applicants when they try to create one more application for same licensure type (NA, MA or NFA) and who already have a pending or unapproved application for same licensure type.

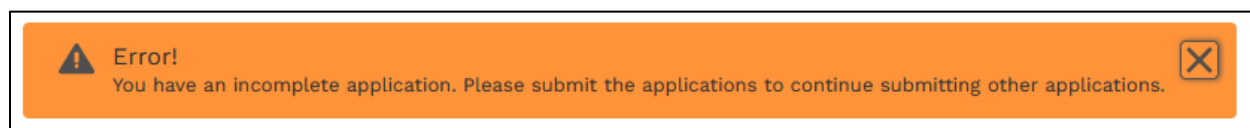


Figure - Incomplete application validation error

This validation was added to prevent applicants from submitting multiple application for same licensure type. You can create additional application for same licensure type if there are no pending or unapproved applications.

5.4. How to pay for applications?

This section is applicable to applicants whose application requires a payment.

Please see below steps on how to make a payment and how to make a second payment (for applications which require second payment)

5.4.1. How to make a payment?

When you are filling out an application, you will come across 'payment' tab where system provides you an option to choose payment type.

Available payment types are

- ACH – Account transfer
- Credit Card
- Paper Check/Money Order

The screenshot displays the 'Payment' tab interface. At the top, a progress bar shows several steps completed with green checkmarks, followed by the active 'Payment' tab in blue, and then 'Payment 2' and 'Submit' tabs. Below this, the 'APPLICATION DETAILS' section contains four input fields: 'Application ID' with the value 'RSLAN-0002886', 'Application Type' with 'NFA - Initial', 'Application Status' with 'Payment Pending', and 'Application Date' with 'Oct 17, 2021'. The 'ONLINE PAYMENTS' section has a dropdown menu labeled '--Select a Payment Type--' with a list of options: 'ACH', 'Credit Card', and 'Paper Check/Money Order'. At the bottom of the form, there is a row of buttons: 'Previous', 'Next', 'Save' (highlighted in blue), 'Cancel' (in red), 'Withdraw', and 'Clone'.

Figure - Payment tab

To make a payment using ACH – Account transfer, please see below steps

- Select payment type as 'ACH'
- Click on button 'Pay Now at Texas.gov'

APPLICATION DETAILS

Application ID: RSLAN-0002886

Application Type: NFA - Initial

Application Status: Payment Pending

Application Date: Oct 17, 2021

ONLINE PAYMENTS

NOTE: This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

Payment Type: ACH

CHARGE DESCRIPTION	AMOUNT
Texas.gov Price	\$100.00

[Pay Now at Texas.gov](#)

This link will expire in 27:01

Please be advised that completing payment at Texas.gov does **not** complete the submission of this application. Once payment is processed, you will be presented with a confirmation screen. You must click the blue Continue button at the bottom of the confirmation screen on Texas.gov to return to this application and click Submit Application on the final step.

[Previous](#) [Next](#) [Save](#) [Cancel](#) [Withdraw](#) [Clone](#)

Figure - Payment tab

- System will take automatically direct you to Texas.gov payment website

1 Payment Type **2 Customer Info** **3 Payment** **4 Submit Payment**

Payment

Payment Type

Payment Type *

Electronic Check

☐ Select if this payment IS being funded specifically by a **FOREIGN** source (bank or company), an International ACH Transaction ("IAT").

[Next >](#)

Customer Information

Payment Information

[Cancel](#)

Transaction Summary

HHSC License	\$100.00
Texas.gov Price	\$100.00

Need Help?

Select Payment Method and Continue to proceed with payment. You will receive a printable receipt at the end of your successful payment transaction.

Figure - Texas.gov page 1

- Click next to see below page

The screenshot displays a web interface for a payment process. At the top, a progress bar indicates four steps: 1. Payment Type (active), 2. Customer Info, 3. Payment, and 4. Submit Payment. The main section is titled 'Payment' and contains a 'Payment Type' dropdown set to 'Electronic Check' with a green checkmark. Below this is the 'Customer Information' section, which includes fields for Country (United States), First Name, Last Name, Address, Address 2, City, State (Select State), ZIP/Postal Code, Phone Number, and Email. A 'Next >' button is located at the bottom right of the form. At the bottom left, there is a 'Cancel' button. To the right of the main form, there is a 'Transaction Summary' box showing 'HHSC License' for \$100.00 and 'Texas.gov Price' for \$100.00. Below this is a 'Need Help?' section with the text 'Please complete the Customer Information Section'.

Payment

Payment Type ✓

Electronic Check

Customer Information

Country * Complete all required fields [*]

United States

First Name * Last Name *

Address *

Address 2

City * State *

Select State

ZIP/Postal Code *

Phone Number *

Email * ?

Next >

Payment Information

Cancel

Transaction Summary

HHSC License	\$100.00
Texas.gov Price ?	\$100.00

Need Help?

Please complete the Customer Information Section

Figure - Texas.gov page 2

- Enter all details and click on next to see below page

1 Payment Type

2 Customer Info

3 Payment

4 Submit Payment

Payment

Payment Type ✓

Electronic Check

Customer Information ✓

Address

First Name Last Name

100 Test St

Austin, TX 78751

Phone Number

1234567890

Country

United States

Email Address

a@gmail.com

Edit

Payment Information

Name on Account *

Routing Number *

Account Number *

Re-enter Account Number *

Pay

012345678

Routing Number

01234567890

Account Number

Checking

Savings

Next >

Cancel

Transaction Summary

HHSC License	\$100.00
Texas.gov Price	\$100.00

Need Help?

You have selected to pay by Electronic Check. Complete Customer Billing Information and enter Electronic Check Information.

Figure - Texas.gov page 3

- Enter bank account details and click next to see below screen

1 Payment Type
2 Customer Info
3 Payment
4 Submit Payment

Payment

Payment Type
✓

Electronic Check

Customer Information
✓

Address

First Name Last Name
100 Test St
Austin, TX 78751

Phone Number

1234567890

Country

United States

Email Address

a@gmail.com

Edit

Payment Information
✓

Electronic Check

****1111

Name on Account

First Name Last Name

Terms and Conditions

Open a new window to print

Yes, I authorize this transaction. Please print this page if you would like a copy of this authorization for your records.


By checking "Yes" and opting to pay by electronic debit against the bank account specified above, I agree and stipulate to all statements:

1. I am the legal owner, have power of attorney, or have legal authority in relation to the bank account specified above to be used for payment.
2. Such bank account is open, validly issued, in good standing and able to accept electronic debits.

☐ Yes, I authorize this transaction.

Verification

☐ I'm not a robot



reCAPTCHA
Privacy - Terms

Cancel

Submit Payment

Transaction Summary

HHSC License	\$100.00
Texas.gov Price ?	\$100.00

Need Help?

Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Make Payment. You will receive a printable receipt at the end of your successful payment transaction.

Figure - Texas.gov page 4

- Click on 'Submit Payment' and system will display below confirmation screen if payment was successful

Payment Receipt Confirmation

Your payment was successfully processed. You may print this receipt page for your records by selecting Print. Please click the "continue" button at the bottom of this page to return to the HHSC Online Licensing page.

Print 

Transaction Summary

		Receipt Confirmation
Description		Amount
HHSC Licensing Fee		\$100.00
Texas.gov Price		\$100.00

Customer Information

Customer Name	First Name Last Name	Receipt Date	10/17/2021
Local Reference ID	529MN479449207	Receipt Time	09:16:33 AM CDT

Payment Information

Payment Type	Electronic Check	Account Number	*****1111
		Order ID	61510522

Billing Information

Billing Address	100 Test St	Phone Number	1234567890
Billing City, State	Austin, TX	This receipt has been emailed to the address below.	
ZIP/Postal Code	78751		
Country	US	Email Address	a@gmail.com

Continue

Figure - Texas.gov page 5

- Click on 'Continue' to go back to the application and submit the application.

Note: It is **REQUIRED** to click on 'Continue' button to successfully go back to the application to submit the application.

To make a payment using Credit Card, please see below steps

- Select payment type as 'Credit Card'
- Click on button 'Pay Now at Texas.gov'

✓

✓

✓

✓

✓

✓

✓

✓

✓

Payment

Payment 2

Submit

APPLICATION DETAILS

Application ID

RSLAN-0002887

Application Type

NFA - Initial

Application Status

Payment Pending

Application Date

Oct 17, 2021

ONLINE PAYMENTS

NOTE: This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

Payment Type

Credit Card

CHARGE DESCRIPTION	AMOUNT
Texas.gov Price	\$102.51

Pay Now at Texas.gov

This link will expire in 28:33

Please be advised that completing payment at Texas.gov does **not** complete the submission of this application. Once payment is processed, you will be presented with a confirmation screen. You must click the blue Continue button at the bottom of the confirmation screen on Texas.gov to return to this application and click Submit Application on the final step.

Previous

Next

Save

Cancel

Withdraw

Clone

Figure - Payment tab

- System will take automatically direct you to Texas.gov payment website

1 Payment Type

2 Customer Info

3 Payment

4 Submit Payment

Payment

Payment Type ✓

Credit/Debit Card

Customer Information

Country * Complete all required fields [*]

United States ▼

First Name * Last Name *

Address *

Address 2

City * State *

Select State ▼

ZIP/Postal Code *

Phone Number *

Email * ?

Next >

Payment Information

Cancel

Transaction Summary

HHSC License	\$102.51
Texas.gov Price ?	\$102.51

Need Help?

Please complete the Customer Information Section

Figure - Texas.gov page 1

- Enter all details and click on next to see below page

1 Payment Type
2 Customer Info
3 Payment
4 Submit Payment

Payment

Payment Type
✓

Credit/Debit Card

Customer Information

✓

Address
First Name Last Name
100 Test St
Austin, TX 78751

Phone Number
1234567890

Country
United States

Email Address
a@g.com

Edit

Payment Information

Credit Card Number *

Credit Card Type

MasterCard

VISA

DISCOVER

AMERICAN EXPRESS

Expiration Month *

Select a Month

Expiration Year *

Select a Year

Security Code *

Name on Credit Card *

Next >

Cancel

Transaction Summary

HHSC License	\$102.51
Texas.gov Price	\$102.51

Need Help?

You have selected to pay by credit card. Complete Customer Billing Information and enter Credit Card Information.

Figure - Texas.gov page 2

- Enter credit card details and click next to see below screen

Page 197 of 206

1 Payment Type

2 Customer Info

3 Payment

4 Submit Payment

Payment

Payment Type

Credit/Debit Card

Customer Information

Address

First Name Last Name

100 Test St

Austin, TX 78751

Phone Number

1234567890

Country

United States

Email Address

a@g.com

Payment Information

Credit Card

Visa ****1111

Exp. 01/2023

Name on Credit Card

Name on Credit Card

Verification

☐ I'm not a robot

reCAPTCHA
[Privacy](#) - [Terms](#)

Cancel

Submit Payment

Transaction Summary

HHSC License	\$102.51
Texas.gov Price	\$102.51

Need Help?

Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Make Payment. You will receive a printable receipt at the end of your successful payment transaction.

Figure - Texas.gov page 3

- Click on 'Submit Payment' and system will display below confirmation screen if payment was successful

Payment Receipt Confirmation

Your payment was successfully processed. You may print this receipt page for your records by selecting Print. Please click the "continue" button at the bottom of this page to return to the HHSC Online Licensing page.

Print 

Transaction Summary

		Receipt Confirmation
Description		Amount
HHSC Licensing Fee		\$102.51
Texas.gov Price		\$102.51

Customer Information

Customer Name	First Name Last Name	Receipt Date	10/17/2021
Local Reference ID	529MN482898899	Receipt Time	10:10:18 AM CDT

Payment Information

Payment Type	Credit Card	Credit Card Number	*****1111
Credit Card Type	VISA	Order ID	81510800

Billing Information

Billing Address	100 Test St	Phone Number	1234567890
Billing City, State	Austin, TX	This receipt has been emailed to the address below.	
ZIP/Postal Code	78751		
Country	US	Email Address	a@g.com

Continue

Figure - Texas.gov page 4

- Click on 'Continue' to go back to the application and submit the application.

Note: It is **REQUIRED** to click on 'Continue' button to successfully go back to the application to submit the application.

To make a payment using Paper Check/Money Order, please see below steps

- Select Payment Type as 'Paper Check/Money Order'

- Click on button 'Generate Payment Coupon'

APPLICATION DETAILS

Application ID: RSLAN-0002890

Application Type: NFA - Initial

Application Status: Payment Pending

Application Date: Oct 17, 2021

ONLINE PAYMENTS

NOTE: This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

Payment Type: Paper Check/Money Order

CHARGE DESCRIPTION	AMOUNT
Price	\$100.00

☒ I understand that in order to complete this application, I must mail in the coupon with fee.

[Generate Payment Coupon](#)

[Previous](#) [Next](#) [Save](#) [Cancel](#) [Withdraw](#) [Clone](#)

Figure - Payment tab

- System will automatically direct you to a new page where payment coupon will be displayed
- Print the coupon, submit the coupon along with paper check to address mentioned in coupon
- Go back to application, go to 'Submit' tab and click on 'Submit' button to submit the application.

5.4.2. How to make a second payment?

Some applications require second payments and you will be notified by HHS if your application requires second payment.

Please see below steps on how to make second payment.

Go to NA/MA/NFA tab and select your role as 'Applicant' and select the applicant name to see below screen.

Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the Texas Unified Licensure Information Portal (TULIP) Applicant home page. At the top left is the Texas Health and Human Services logo. To the right of the logo is the text "Texas Unified Licensure Information Portal (TULIP)". Further right is a user profile icon with the text "First Name Last Name". Below the header is a dark blue navigation bar with a home icon and the text "NA / MA / NFA". The main content area has a title "Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details". Below the title are two dropdown menus: "Please select your role" with "Applicant" selected, and "Please select one" with "New First Name New Middle Name New Last Name" selected. Below these are two buttons: "Submit" and "Request additional access". Below the buttons is a navigation bar with links: "Home", "Dashboard", "Profile", "Applications", "License Printing", and "Helpful Links". Below the navigation bar is a welcome message: "Welcome to the Nursing Facility Administrator (NFA), Nurse Aide (NA) and Medication Aide (MA) online licensing system." Below the welcome message is contact information for the NFA, NA, and MA programs.

TEXAS
Health and Human
Services

Texas Unified Licensure Information Portal (TULIP)

First Name Last Name

NA / MA / NFA

Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details

* Please select your role

Applicant

* Please select one

New First Name New Middle Name New Last Name

Submit Request additional access

Home Dashboard Profile Applications License Printing Helpful Links

Welcome to the Nursing Facility Administrator (NFA), Nurse Aide (NA) and Medication Aide (MA) online licensing system.

The NFA program can be contacted at 512-438-2015 or NFA_Licensing_Program@hhs.texas.gov
The NA program can be contacted at 512-438-2050 or NurseAideRegistry@hhs.texas.gov
The MA program can be contacted at 512-438-2025 or Medication_Aide_Program@hhs.texas.gov
The NATCEP can be contacted at 512-438-2017 or Regulatory_NATCEP@hhs.texas.gov

Figure - Applicant home page

Click on the Applications' tab to see below screen.

The screenshot shows the Texas Unified Licensure Information Portal (TULIP) Applications page. At the top left is the Texas Health and Human Services logo. To the right of the logo is the text "Texas Unified Licensure Information Portal (TULIP)". Further right is a user profile icon with the text "First Name Last Name". Below the header is a dark blue navigation bar with a home icon and the text "NA / MA / NFA". The main content area has a title "Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details". Below the title are two dropdown menus: "Please select your role" with "Applicant" selected, and "Please select one" with "New First Name New Middle Name New Last Name" selected. Below these are two buttons: "Submit" and "Request additional access". Below the buttons is a navigation bar with links: "Home", "Dashboard", "Profile", "Applications", "License Printing", and "Helpful Links". Below the navigation bar is a message: "Click on Application ID in order to continue with the application process or to check the status." Below the message is a table of applications. The table has columns: "RS Licensing ...", "L...", "FI...", "N...", "Date...", "Application Type", "Licensure Type", "Applic...", "Last Modified By", "Last Modifie...", "M...", and "N...". The table contains 5 rows of applications. Below the table is a "Load More" link.

TEXAS
Health and Human
Services

Texas Unified Licensure Information Portal (TULIP)

First Name Last Name

NA / MA / NFA

Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details

* Please select your role

Applicant

* Please select one

New First Name New Middle Name New Last Name

Submit Request additional access

Home Dashboard Profile Applications License Printing Helpful Links

Click on Application ID in order to continue with the application process or to check the status.

Credentialing Applications
All A All Applications

New Credentialing Application

5+ Items • Sorted by RS Licensing Application ID • Filtered by All credentialing applications • Updated a few seconds ago

	RS Licensing ...	L...	FI...	N...	Date...	Application Type	Licensure Type	Applic...	Last Modified By	Last Modifie...	M...	N...
1	RSLAN-0002862	Name	New	1234	10/7/2021	Name Change	Med Aide (MA)	Incomplete	First Name Last Na...	10/7/2021 7:38 ...	1234...	
2	RSLAN-0002859	Name	New	1234	10/6/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/6/2021 11:00 ...	1234...	
3	RSLAN-0002858	Name	New	1234	10/6/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/6/2021 10:58...	1234...	
4	RSLAN-0002857	Name	New	1234	10/5/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/5/2021 11:07 ...	1234...	
5	RSLAN-0002856	Name	New	1234	10/5/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/5/2021 2:06 ...	1234...	

Load More

Figure - Applications page

Applications tab will display all applications previously submitted by applicants.

Select the application for which second payment is required or application which is in 'Payment Pending License Fee' status.

Go to 'Payment 2' tab to see below screen.

This Application does not require payments please proceed to Submit.

APPLICATION DETAILS

Application ID: RSLAN-0002891

Application Type: NFA - Provisional

Application Status: Payment Pending License Fee

Application Date: Oct 17, 2021

ONLINE PAYMENTS

NOTE: This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

Payment Type: --Select a Payment Type--

Previous Next Save Cancel Withdraw

Figure - Payment tab

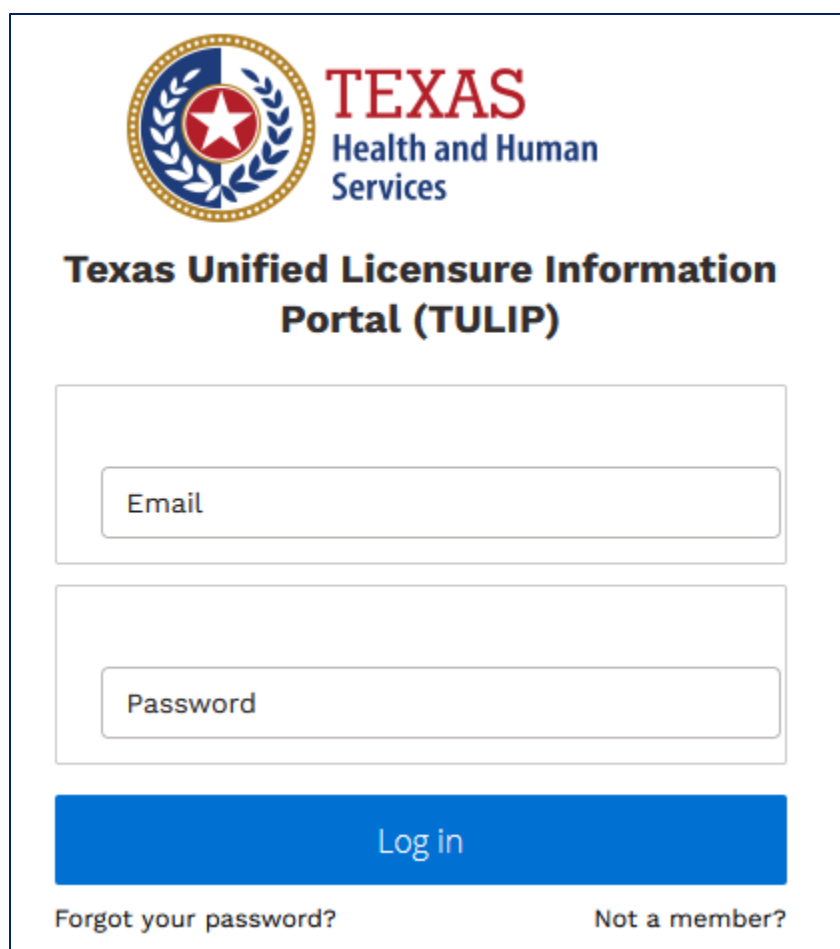
Please see steps mentioned above in this section [5.4.1](#) How to make a payment? to see how to continue with making payment and submitting the application.


5.5. How to change email?

Note: This section is applicable to applicants who already registered and want to change/update their email.

Please see below steps on how to change email

Go to link <https://txhhs.force.com/TULIP/s/login/> and you will be presented with below screen.



 **TEXAS**
Health and Human
Services

**Texas Unified Licensure Information
Portal (TULIP)**

Email

Password

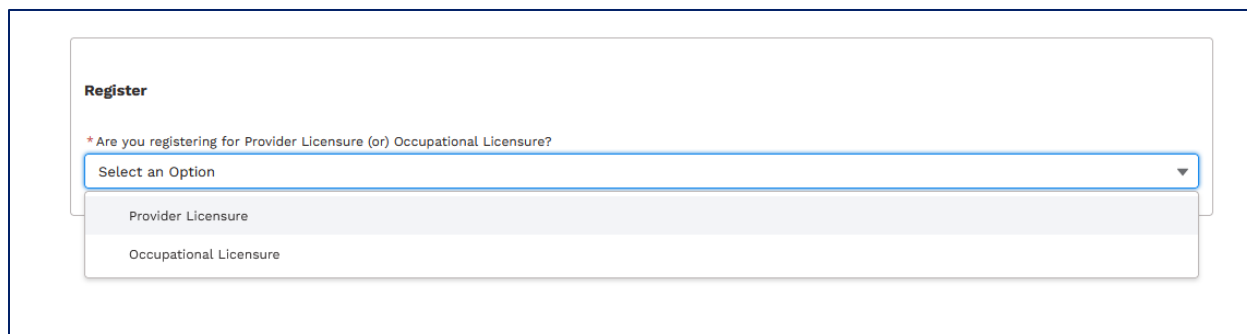
Log in

[Forgot your password?](#) [Not a member?](#)

Figure - TULIP login page

Click on link 'Not a member' and you will be provided with two options as shown in below screen

- **Provider Licensure** – This is for LTC providers who want to submit applications for facility/agency license.
- **Occupational Licensure** – This is for NA/MA/NFA applicants, program applications, school and facility applications.



Register

* Are you registering for Provider Licensure (or) Occupational Licensure?

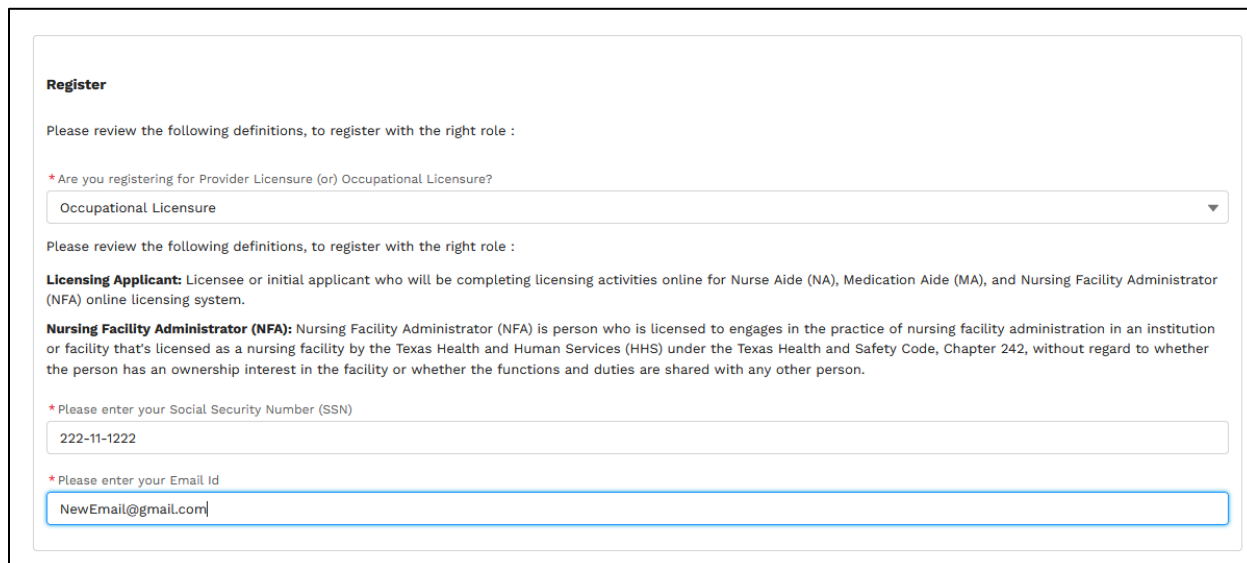
Select an Option ▼

- Provider Licensure
- Occupational Licensure

Figure - TULIP registration initial page

Note: Fields marked with * are required.

Select 'occupational licensure' to see below screen.



Register

Please review the following definitions, to register with the right role :

* Are you registering for Provider Licensure (or) Occupational Licensure?

Occupational Licensure ▼

Please review the following definitions, to register with the right role :

Licensing Applicant: Licensee or initial applicant who will be completing licensing activities online for Nurse Aide (NA), Medication Aide (MA), and Nursing Facility Administrator (NFA) online licensing system.

Nursing Facility Administrator (NFA): Nursing Facility Administrator (NFA) is person who is licensed to engages in the practice of nursing facility administration in an institution or facility that's licensed as a nursing facility by the Texas Health and Human Services (HHS) under the Texas Health and Safety Code, Chapter 242, without regard to whether the person has an ownership interest in the facility or whether the functions and duties are shared with any other person.

* Please enter your Social Security Number (SSN)

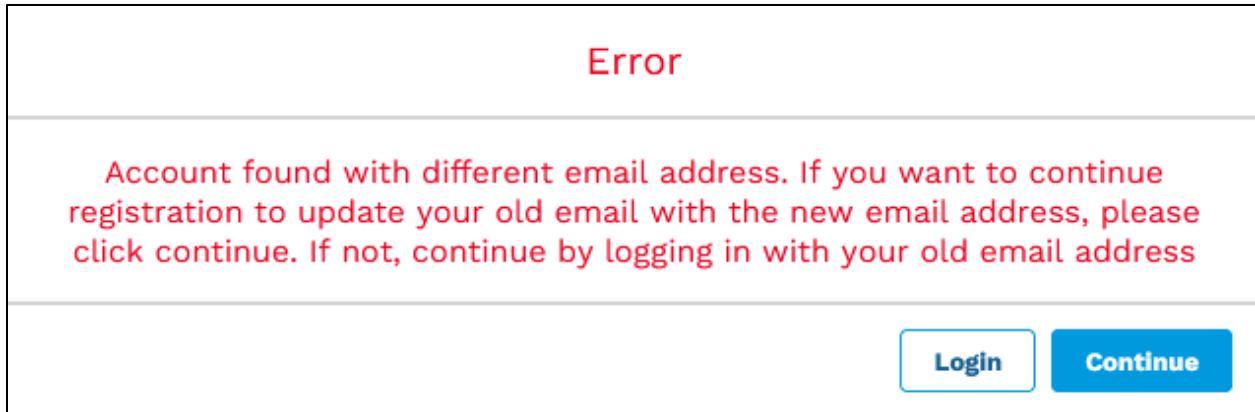
222-11-1222

* Please enter your Email Id

NewEmail@gmail.com

Figure – Occupational licensure page

Please enter you Social Security Number (SSN) and New Email ID to see below message.



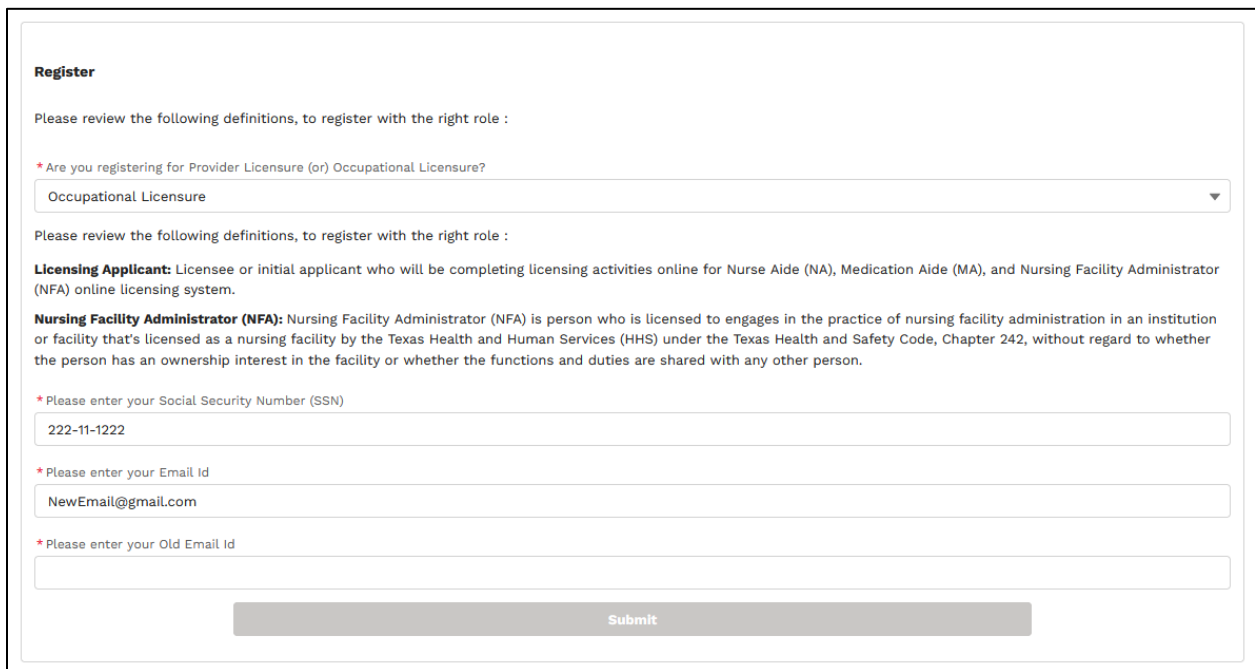
Error

Account found with different email address. If you want to continue registration to update your old email with the new email address, please click continue. If not, continue by logging in with your old email address

[Login](#) [Continue](#)

Figure – Account found error page

Click on continue to see below screen.



Register

Please review the following definitions, to register with the right role :

* Are you registering for Provider Licensure (or) Occupational Licensure?

Occupational Licensure

Please review the following definitions, to register with the right role :

Licensing Applicant: Licensee or initial applicant who will be completing licensing activities online for Nurse Aide (NA), Medication Aide (MA), and Nursing Facility Administrator (NFA) online licensing system.

Nursing Facility Administrator (NFA): Nursing Facility Administrator (NFA) is person who is licensed to engages in the practice of nursing facility administration in an institution or facility that's licensed as a nursing facility by the Texas Health and Human Services (HHS) under the Texas Health and Safety Code, Chapter 242, without regard to whether the person has an ownership interest in the facility or whether the functions and duties are shared with any other person.

* Please enter your Social Security Number (SSN)

222-11-1222

* Please enter your Email Id

NewEmail@gmail.com

* Please enter your Old Email Id

[Submit](#)

Figure – Occupational licensure page

Enter your old email ID for system to validate the change and click on submit to see below confirmation message.

Register

Please review the following definitions, to register with the right role :

* Are you registering for Provider Licensure (or) Occupational Licensure?

Occupational Licensure

Please review the following definitions, to register with the right role :

Licensing Applicant: Licensee or initial applicant who will be completing licensing activities online for Nurse Aide (NA), Medication Aide (MA), and Nursing Facility Administrator (NFA) online licensing system.

Nursing Facility Administrator (NFA): Nursing Facility Administrator (NFA) is person who is licensed to engages in the practice of nursing facility administration in an institution or facility that's licensed as a nursing facility by the Texas Health and Human Services (HHS) under the Texas Health and Safety Code, Chapter 242, without regard to whether the person has an ownership interest in the facility or whether the functions and duties are shared with any other person.

* Please enter your Social Security Number (SSN)

222-11-1222

* Please enter your Email Id

NewEmail@gmail.com

* Please enter your Old Email Id

namarnfa+222111222@protonmail.com

Submit

Email changed Successfully, please check your email for your new username to login.

Figure – Confirmation message

Check your new email for message from TULP to complete email change and log into TULIP.